

American Optometric Association NEWS

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News blog
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Volume 49

December 2010

No. 8

Congress approves AOA-backed 1-year plan to avert Medicare Physician payment cuts

Following swift action in the U.S. Senate earlier this month, the House of Representatives on Dec. 9 gave final approval to an AOA-backed bill to provide a one-year extension of Medicare physician payment rates, providing members of Congress up to a full year before they must revisit the matter, which they had already considered a half dozen times

this year.

H.R. 4994, the Medicare and Medicaid Extenders Act of 2010, will freeze current payment rates until Dec. 31, 2011, and would avert a 25 percent cut in reimbursement rates scheduled to take effect Jan. 1.

Until this breakthrough, Congress and the president have only been able to agree to five short-term delays this

year, often just before the extensions expired, and sometimes afterward.

The AOA and other physician and patient groups have been urging a lengthier extension, or permanent changes to the underlying payment formula, to provide more stability for the Medicare pro-

See Pay patch, page 6

U.S. Congress approves measure to exempt optometrists from burdensome Red Flags Rule

At the urging of the AOA and other health provider groups, the U.S. Senate and House of Representatives came together during Congress' post-election "lame-duck" session to give final approval to an AOA-backed bill that will exempt specific businesses—including optometry practices—from having to comply with the Federal Trade Commission's (FTC) bur-

densome Red Flags Rule.

Under the legislation, which is expected to be signed by President Obama within days, the Red Flags Rule will now only apply to businesses that engage in one of three practices:

- ❖ Using credit reports in the ordinary course of business
- ❖ Furnishing information to credit reporting companies
- ❖ Loaning money.

The Red Flags Rule is the result of legislation approved in 2003 aimed at requiring financial institutions and creditors to develop a written plan to prevent and detect identity theft.

In taking steps to implement the law in recent years, the FTC wrongly classified health professionals, including optometrists, as "creditors" and sought to apply its

See Red Flags, page 9



Kathleen Madigan

Optometry's Meeting® to feature stand-up entertainment next June

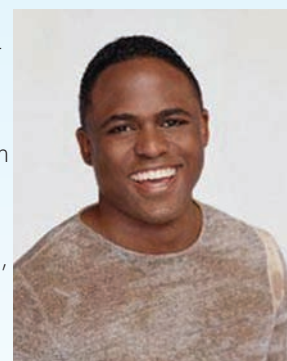
The 2011 Optometry's Meeting® headliners will include a keynote speaker who stands up and makes a difference and two stand-up comedians guaranteed to make attendees laugh.

The Opening General Session, sponsored by Essilor, on Thursday, June 16 will feature Erin Brockovich.

The Presidential Celebration, sponsored by Hoya, on Saturday, June 18 will feature Wayne Brady and Kathleen Madigan.

It's been 10 years since Julia Roberts starred in the Oscar-winning "Erin Brockovich."

The film turned an unknown legal researcher into a 20th-century icon by showcasing how her dogged persistence was the impelling force behind the largest medical settlement lawsuit in history.



Wayne Brady

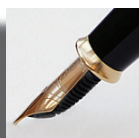
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President's Column

Honoring our own: ODs in the armed forces



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Eye on Washington

New Web-based optometric EHR product certified before incentive program begins Jan. 1



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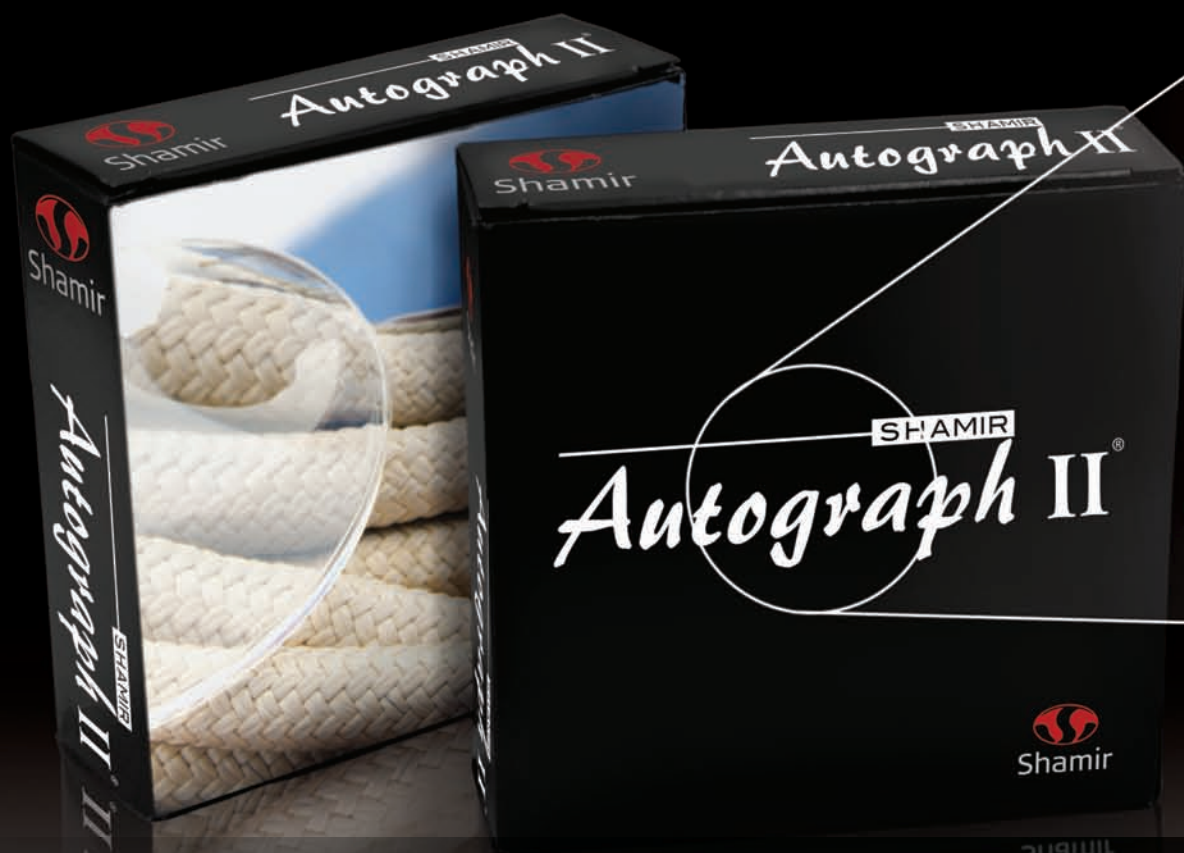
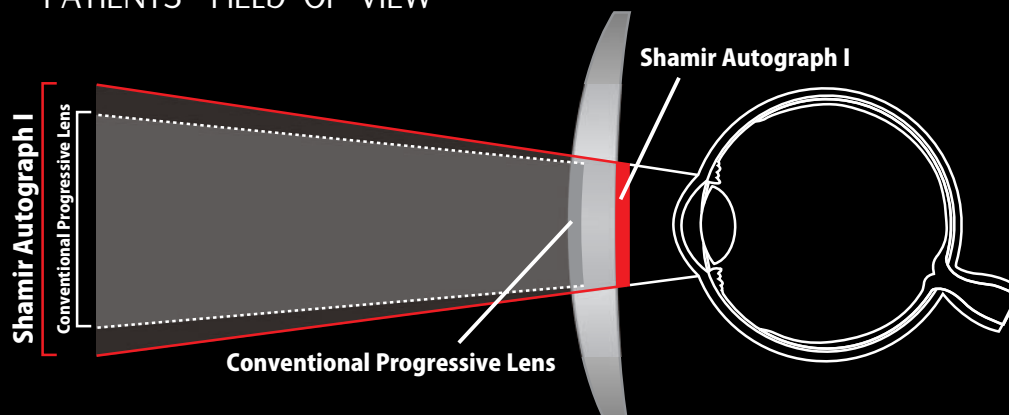
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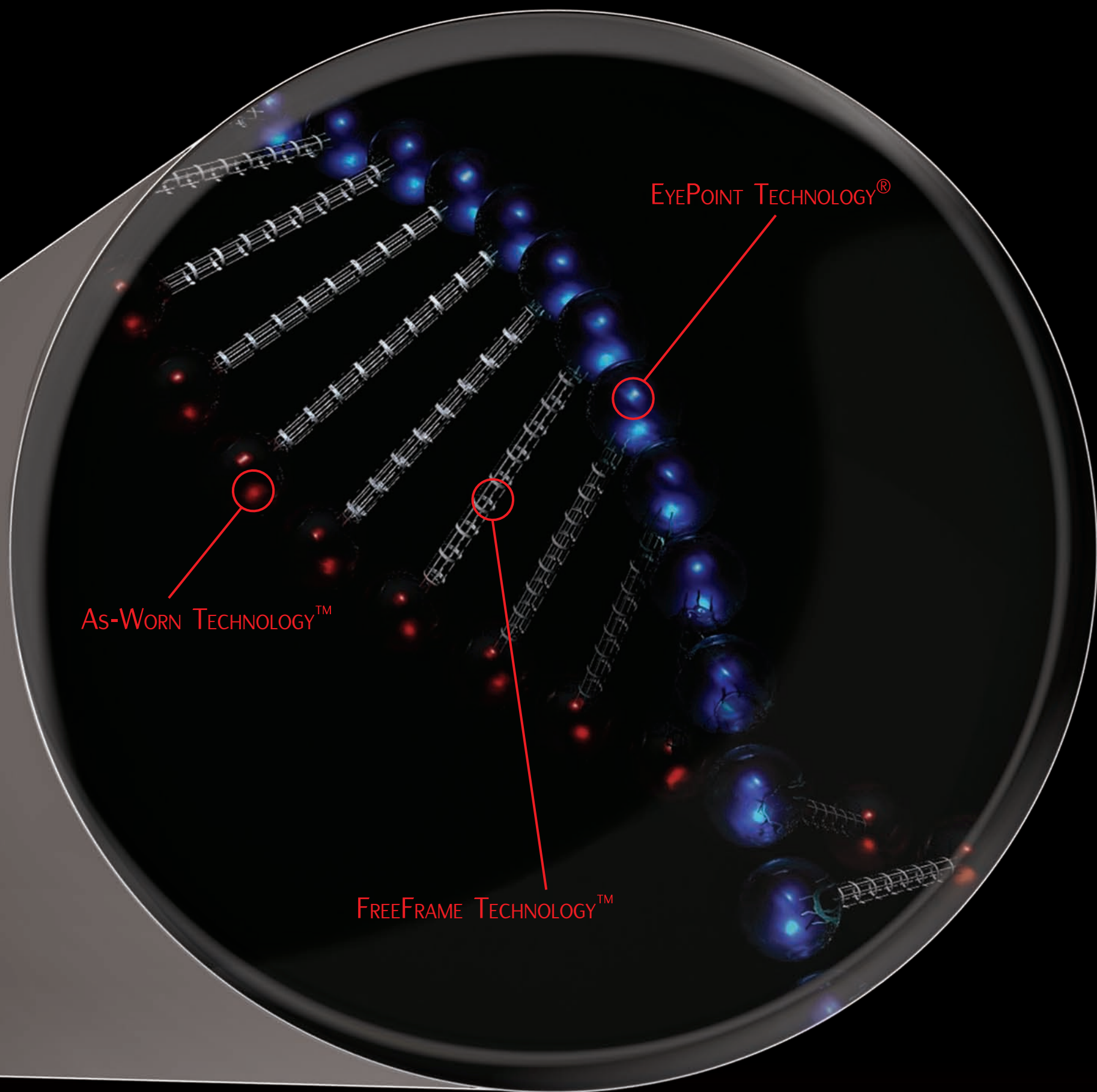
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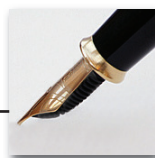
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PRESIDENT'S COLUMN

Honoring our own: ODs in the armed forces

I typically fly out of Nashville most of the time to take trips on behalf of the AOA. Because it's closest to my home in Benton, Ky., I'm there quite frequently. When traveling, I always go by the military base in Fort Campbell, Ky., home of the 101st Airborne. I see a lot of soldiers deploying to Afghanistan, Iraq and places all over the country and world.

On the way back from one such trip, as I was coming off the jet bridge to enter into the terminal, I heard a lot of clapping and cheering. My first thought was that there must be a country-western singer in town because typically you see a lot of country-western entertainers come through the Nashville airport. As I entered the terminal, to my surprise and pleasure, I witnessed a great sight. About 15 soldiers had returned from deployment and were walking down the middle of the terminal. As they walked, people stood up and clapped for them and shouted "USA!" and "God Bless America!" People clapped for them for about 10 minutes or more as they proceeded out of the terminal.

Seeing this energetic and enthusiastic honor made me think about all of our fellow optometrists who serve in the armed forces all over the world, some of whom make the ultimate sacrifice and call to service with their lives. People such as Maj. Charles Robert Soltes Jr., who served as a public health officer with the 426th Civil Affairs

Battalion, U.S. Army Reserves, in Mosul, Iraq. In 2004, he was deployed to command a public health team charged with setting up seven hospitals to help provide the Iraqi people with access to a range of health care services.

On Oct. 14, 2004, he was in a convoy returning from a meeting with Iraqi health officials when a vehicle-borne improvised explosive device rammed his Humvee, resulting in his death. Maj. Soltes,

Kuwait.

Cmdr. Whitwell is the director of Branch Clinics, which includes all dental departments. His directorate is one of the largest, both in scope and personnel. He is responsible for the manpower and operations of four medical departments and three dental departments at five separate camps. He also oversees clinical support services at these locations, which include pharmacy, radiology, laboratory, physical therapy



Dr. Ellis

contractors from the Iraq and Kuwaiti area of operations, which include sailors from ships in the Persian Gulf. She averages more than 550 encounters per month. The optometry clinic provides nearly 350 spectacles and ballistic eye protection inserts to personnel monthly, fabricating the majority on site.

In addition to her optometric duties, Lt. Cmdr. Read is in charge of the labor pool and litter bearers for any mass casualty event. She is the chairperson of Dashboard, which collects and analyzes productivity and utilization trends at the command. She also serves as chairperson of the Medical Records Review Committee, documenting compliance with peer-review process and standards, and reports directly to the Executive Committee of Professional Staff.

As an organization, we work diligently to support our members in any way that we can. We respect the hard work, dedication, commit-

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There are many soldiers who make a difference daily in the lives of both their fellow servicemen and civilians alike.

36, had only been in Mosul a few weeks when he was killed in the line of duty. He was the first-ever Army optometry officer killed in action while on active duty. This past spring, a new rehabilitation center in Long Beach, Calif., was named in his honor. We honored Maj. Soltes' contributions during the House of Delegates meeting in June. Visit

www.youtube.com/aoaweb and our AOA Web site to learn more about Maj. Soltes and his endearing story.

There are many soldiers who make a difference daily in the lives of both their fellow servicemen and civilians alike. Two that I would like to mention are Cmdr. Ken Whitwell, O.D., and Lt. Cmdr. Margaret Read, O.D., both of whom are stationed in

and mental health.

As the Transition Officer, Cmdr. Whitwell coordinates with the U.S. Army to ensure a smooth transition from a Navy-led medical facility to an Army medical command in Kuwait. As part of the transition effort, Cmdr. Whitwell has been instrumental in partnering with Kuwaiti medical facilities to enhance the care of deployed personnel.

Lt. Cmdr. Read is the only U.S. Department of Defense (DoD) clinical optometrist in Kuwait. She is deployed in support of Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn. Lt. Cmdr. Read is responsible for the eye care of 20,000 personnel. Her patients are soldiers, sailors, airmen, marines, DoD civilians and

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Pay patch,

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gram. Democrats and Republicans have not been able to agree on how to offset the cost of those proposals.

The \$19.2 billion payment fix is fully paid for, mostly by changing a provision in the health care overhaul to recoup more money from consumers

income, or if it changes over the course of the year, he or she has to pay back part of the subsidy — up to \$250 for an individual or \$400 for families.

Under the new plan, that flat repayment will be replaced with a sliding-scale structure, requiring smaller repayments

serious about Medicare physician payment reform,” AOA President Joe E. Ellis, O.D. said in a statement released shortly after the measure cleared Congress. “The one-year, fully paid-for \$19.2 billion fix, approved by the U.S. Senate on Wednesday night and the House yesterday, will avert massive Medicare cuts of nearly 25 percent due to take effect on Jan. 1.”

“After Congress needed five short-term Medicare ‘patches’ to block huge doctor cuts during 2010, we’re now seeing Washington, D.C., take a long-overdue step toward the Medicare payment stability that our doctors and patients need and deserve,” Dr. Ellis added.

“We know from experience however, that the AOA must make full use of our hard-won seat at the table in nation’s capital to keep up the fight for meaningful and fair long-term payment reform that fully reflects the essential role of optometrists and other physicians in Medicare.”

“After Congress needed five short-term Medicare ‘patches’ to block huge doctor cuts during 2010, we’re now seeing Washington, D.C., take a long-overdue step toward the Medicare payment stability that our doctors and patients need and deserve.”

who will be receiving excessive insurance subsidies. That provision is to provide tax credits to help individuals and families afford insurance on state-run insurance exchanges when they take effect in 2014.

On the whole, if a tax credit recipient misstates

at lower incomes and dramatically increasing the maximum amount for high earners.

“The AOA is proud of its leadership role in the coalition of national physician and patients groups that have succeeded in making Congress and the president finally get

Career in optometry a top pick by U.S. News and World Report

U.S. News and World Report once again listed optometrist as one of the 50 Best Careers of 2011, citing the likelihood of strong growth over the next decade.

“The American population is quickly becoming more elderly,” according to U.S. News and World Report. “So demand for visual aids is expected to grow considerably. But eye-care technology is improving as well, allowing each optometrist to care for more patients. Still, the Bureau of Labor Statistics expects more than 24 percent growth, or 8,500 new jobs, for the profession through 2018.”

The article rated optometrists highly in terms of money, upward mobility, activity level, stress level, and education and preparation.

In the article, AOA Clinical & Practice Advancement Group

Executive Committee Chair Barbara Horn, O.D., offered advice to those considering optometry as a career: networking should be the No. 1 goal.

“Get involved early as an optometry student and become a member of the AOA and your state affiliate organization,” she said. “Networking is key, so don’t overlook participation in local optometric societies as well.”

“Also, if you specialize in an area, like sports or geriatric vision, be sure to target practices that don’t already offer those services. Often, new skills are sought after. ‘If you bring a different speciality into a practice, you can grow that practice,’ she says.”

For the full U.S. News and World Report article, visit <http://money.usnews.com/money/careers/articles/2010/12/06/best-careers-2011-optometrist.html>.



American Optometric Association

Electronic health records are here. Is your practice ready?

The age of electronic health records (EHRs) is here and the American Optometric Association, in collaboration with State Affiliates, supports practicing optometrists.

- Federal EHR incentives begin January 1, 2011.
- The national EHR infrastructure – the Nationwide Health Information Network is scheduled to begin operations in 2014.
- Medicare begins penalizing practitioners who do not use EHRs in 2015.

The AOA’s Electronic Health Records (EHR) Preparedness Program for Optometry offers practical guidance on EHR implementation through:

Enhancing Patient Care through Implementation of EHRs, a comprehensive EHR continuing education course at state optometric association meetings.

3 Hour COPE Approved Course and for certified paraoptometrics, 3 hours of CPC continuing education credit.

The AOA Electronic Health Records Page, a one-stop, online EHR information source for optometrists, on the AOA Website at www.aoa.org/EHR.

For more information on current 2010 scheduled courses, visit www.aoa.org/EHR and click on the 2010 Scheduled Courses link.



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Click on the 2010 Scheduled Courses

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New Web-based optometric EHR product certified before incentive program begins Jan. 1

Last month's certification of the first Web-based optometric electronic health record (EHR) product provides evidence that optometry may be as well prepared as any segment of American health care for the start of the Health Information Technology for Economic and Clinical Health (HITECH) incentive program, said Philip Gross, O.D., chair

questions about EHRs and the federal incentives. Most ODs probably will not have certified EHR systems fully integrated into their practices for the start of the program on Jan. 1. However, many optometric practices should be able to very quickly upgrade their practice software systems to meet incentive program requirements. Those implementing EHRs for the

Course since it was introduced early last year, according to the AOA HIT Subcommittee.

Under the five-year federal incentive program, eligible health care practitioners will be able to qualify for up to a total of \$44,000 in incentive payments through Medicare (\$48,400 in federally designated health profession shortage areas), or up to \$63,750 through Medicaid, by implementing EHR systems that have been certified for use in the program and meeting designated EHR utilization criteria, known as the "meaningful use" standards.

The Medicare incentive program is mandated under federal law to begin on Jan. 1.

Medicaid EHR incentive programs could begin as early as that date.

Optometrists are specifically included in the Medicare incentive program nationwide; however, they can qualify for EHR incentives through Medicaid only in those states that recognize optometrists as providers of physician services under Medicaid.

During 2011 and 2012, health care practitioners will be able to qualify for Medicare incentives by achieving HHS-designated Stage 1 meaningful use, a process that involves achieving 20 utilization objectives.

The Stage 1 objectives consist of a group of 15 "core" objectives required for all practitioners and a list of "menu" elements from which practitioners may select five and defer five.

To earn incentives for Stage 1 meaningful use, health care practitioners must attest compliance with the specified objectives for 90 days.

That means health care practitioners who promptly implement certified EHR systems and begin achieving meaningful use objectives by

of the AOA Health Information Technology (HIT) Subcommittee. The products are certified to meet U.S. Department of Health & Human Services (HHS) standards.

Madison, Wis.-based Health Innovation Technologies, Inc., announced Nov. 23 its RevolutionEHR version 5.1.0 had been certified by the Certification Commission for Health Information Technology (CCHIT®), a federally authorized testing and certification body (ATCB), as an EHR module, providing functionality necessary to support participation in the incentive program. The firm becomes the fourth provider of optometric EHR products to achieve certification for the federal incentive program that begins Jan. 1, 2011.

"It appears that many optometrists around the nation could be in a position to take part in the HITECH incentive program during 2011," Dr. Gross said. "Certainly EHR implementation will pose challenges for optometric practices. Many optometrists continue to have

first time will clearly have a range of certified systems from which to choose. Attendance at our AOA Electronic Health Records Preparedness courses, as well as traffic at our AOA Web site EHR page, has been substantial, suggesting many optometrists are staying abreast of EHR developments and could be ready to implement EHRs during the first year of the incentive program. This could help to ensure they receive maximum total payments under the incentive program. Ultimately, it could also help to establish optometry as a leader in EHR utilization and thereby help to reinforce optometry's position as an important part of American primary health care."

With last month's announcement, at least 4,700 optometric practices now have patient record systems that can be upgraded to meet incentive program standards, according to industry representatives.

Close to 4,000 optometrists have attended the AOA EHR Preparedness

Medicare one-year claim-filing limit takes effect Jan. 1

The Centers for Medicare & Medicaid Services (CMS) is reminding Medicare Fee-For-Service physicians, providers and suppliers submitting claims to Medicare for payment, as a result of the Patient Protection and Affordable Care Act (PPACA), effective immediately, all claims for services furnished on or after Jan. 1, 2010, must be filed with the Medicare contractor no later than one calendar year (12 months) from the date of service – or Medicare will deny those claims.

"If you have Medicare Fee-For-Service claims with service dates from Oct. 1, 2009, through Dec. 31, 2009, those claims must be filed by Dec. 31, 2010, or Medicare will deny those claims. Claims with service dates from Jan. 1, 2009, to Oct. 1, 2009, keep their original Dec. 31, 2010, deadline for filing," said CMS officials.

When claims for services require reporting of a line item date of service, the line item date will be used to determine the date of service. For other claims, the claim statement's "From" date is used to determine the date of service.

For additional information about the new maximum period for claims submission filing dates, health care practitioners should contact their Medicare payment contractors or review the MLN Matters articles listed below related to this subject:

❖ MM6960 – "Systems Changes Necessary to Implement the Patient Protection and Affordable Care Act (PPACA) Section 6404 – Maximum Period for Submission of Medicare Claims Reduced to Not More Than 12 Months" www.cms.gov/MLN/MattersArticles/downloads/MM6960.pdf on the CMS Web site.

❖ MM7080 – "Timely Claims Filing: Additional Instructions" – www.cms.gov/MLN/MattersArticles/downloads/MM7080.pdf on the CMS Web site.

Practitioners can also listen to a podcast on this subject by visiting the CMS Web site (www.cms.gov/CMSFeeds/02_listofpodcasts.asp).

the start of the year could attest compliance as early as April and receive incentive payments as soon as May, according to the HHS.

However, most practitioners who enter the program during 2011 probably will attest compliance over the course of a 90-day reporting period sometime later in the year, the AOA HIT Subcommittee notes.

HHS officials plan to issue instructions for Medicare incentive program registration and attestation over the coming weeks. Both registration and attestation will be accomplished through specially designated Web sites, the agency says.

Web-based EHR

Testing and certification agencies, designated by the HHS's Office of the National Coordinator of Health Information Technology (ONC), offer certification for both complete EHR systems that provide all of the functions necessary to achieve meaningful use and EHR modules providing some, but not all, of the functions necessary to provide a complete EHR system.

The certification of RevolutionEHR's Web-based EHR last month follows the certification of three soft-

See EHR, page 10



AOA expresses condolences for Kansas Rep. Morrison

Shortly after his re-election, Kansas State Representative Jim Morrison, O.D., passed away while undergoing treatment for a heart condition.

Rep. Morrison entered the Kansas Legislature as a representative of the 121st District in 1992 and he continued his optometric practice

on weekends, often seeing as many patients as he had previously done during weekdays.

Rep. Morrison was re-elected last month to his 10th term.

The AOA expresses its deepest condolences to all who knew and worked with Dr. Morrison.



Rep. Morrison

AOA recognized among 10-year NQF members

The AOA was recognized as a 10-year member of the National Quality Forum (NQF) in October.

The NQF was established in 1999 by a coalition of public and private-sector leaders in response to the recommendation of the Advisory Commission on Consumer Protection and Quality in the Health Care Industry, which concluded that an organization was needed to promote and ensure patient protections and health care quality through measurement and public reporting.

In 2009, the U.S. Department of Health &

Human Services (HHS), under the federal Medicare Improvements for Patients and Providers Act, awarded a contract to the NQF to help establish a portfolio of quality and efficiency measures that will allow the federal govern-

ment to more clearly see how and whether health care spending is achieving the best results for patients and taxpayers.

Additional information can be found at www.NQF.org.

Correction: In the Nov. 2010 edition of AOA News, an article misstated that the non-discrimination in health care provision, also known as the Harkin Amendment, included in the new health care reform law overturns discrimination "in terms of equitable reimbursement." Instead, the non-discrimination in health care provision bars group health plans and health insurance issuers offering group or individual health insurance coverage, including ERISA plans, from discriminating against optometrists and other providers with respect to participation under the plan or coverage. AOA News regrets this error.

Red Flags,

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requirements to their practices.

The AOA protested this action, helped secure four administrative enforcement delays stretching for more than two years and built support on Capitol Hill for a permanent legislative fix that included optometrists.

Sens. John Thune (R-S.D.) and Mark Begich (D-Alaska) and Reps. John

Adler (D-N.J.) and Paul Broun (R-Ga.) joined forces with an AOA-led provider coalition to make the bill a priority in the final days before the adjournment of the 111th Congress. (The new 112th Congress is due to meet on Jan. 5, 2011.)

For any questions or further information, contact Jon Hymes (jfhymes@aoa.org) or Matt Willette

(mwillette@aoa.org) of the AOA Washington office at 800-365-2219.

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Treasury Dept. releases guidance for small business health care tax credit

Earlier this month, the Obama administration released additional guidance on small business tax credits authorized under the health care overhaul law, hoping that the new information would make it easier for optometrists and other employers to apply for the new tax credit for providing workers with health insurance.

Administration officials have estimated that about 4 million small businesses could qualify for the credit, which pays up to 35 percent of premium costs for those eligible. The credit is available for businesses with fewer than 25 fulltime employees whose average salaries are below \$50,000 per year. The employer must pay at least 50 percent of the insurance premium cost.

For tax years 2010 to 2013, the maximum credit is 35 percent of premiums paid by eligible employers and 25 percent of premiums paid by eligible employers that are tax-exempt organizations. The maximum credit goes to smaller employers — those with 10 or fewer full-time equivalent (FTE) employees — paying annual average wages of \$25,000 or less.

The credit is completely phased out for employers that have 25 FTEs or more or that pay average wages of \$50,000 per year or more. Because the eligibility rules are based in part on the number of FTEs, not the number of employees, businesses that use parttime help may qualify even if they employ more than 25 individuals. Eligible small businesses can claim the credit as part of the general business credit starting with the 2010 income tax return they file in 2011.

In a recently released fact sheet, the Treasury Department pointed to several changes it believes will make it easier for companies to apply for and qualify for the tax credit:

- ❖ Employers will be able to use a new one-page IRS form (Form 8941) found at www.irs.gov/pub/irs-pdf/f8941.pdf to claim the credit for the 2010 tax year. The instructions for Form 8941 can be found at www.irs.gov/pub/irs-pdf/i8941.pdf.

- ❖ If employers cover their workers through multi-employer health and welfare plans, they may qualify for the credit, as long as 100 percent of the cost of coverage for all the employees covered by that multi-employer plan comes from the employer — not employee — contributions.

- ❖ Employers who use a broad range of arrangements to pay for their workers' coverage would be eligible for the credit. That includes companies who pay their older workers more because their premiums are higher and firms that give employees a choice of health plans.

The tax credits were originally designed to act as a bridge to 2014, when businesses will be able to purchase insurance through the exchanges now being established in the states. The tax credit will still exist for the first two years of the exchanges but will then be phased out. The Congressional Budget Office estimates that the credit will save small businesses more than \$40 billion by 2019.

More information about the credit, including a step-by-step guide and answers to frequently asked questions, is available under the Affordable Care Act Tax Provision tag on the IRS Web site at www.irs.gov. Members with further questions should contact Matt Willette of the AOA Washington office at mwillette@aoa.org.

EHR, from page 8

ware-based optometric EHR products.

Westlake Village, Calif.-based Compulink Business Systems, Inc., became the first to be certified when its Advantage EHR Version 10 package was certified on Oct. 14 as a complete EHR by the

CCHIT.

Irvine, Calif.-based Eyefinity/OfficeMate announced that its OfficeMate/ExamWriter Version 10 was certified Oct. 29 as a complete EHR.

Hillsboro, Ore.-based First Insight Corporation

announced that its Maxim-Eyes SQL Electronic Health Records, Version 1.1.0.0, was certified Nov. 2 by the CCHIT as an EHR module.

Web-based systems, such as RevolutionEHR, are designed to ease the process of EHR implementation in a

health care practice, according to Health Innovation Technologies CEO Scott Jens, O.D. Using any commonly available personal computer with Internet access, practitioners or authorized staff can log onto a Web site where EHR functions are already

installed and ready for use. No software needs to be installed on the office computer. The system operator provides secure connections for transfer of records to other health care providers, data reporting, and other required functions, Dr. Jens said. Secure storage of records is also provided. As EHR systems evolve, software updates are handled entirely by the Web host, he added.


Practitioners do not need to purchase, install or test software updates.

The RevolutionEHR system was certified last month as a module providing functionality that will allow practitioners to maintain up-to-date health care problem, active medication, and active medication allergy lists; record patient demographics and smoking status; record and chart patient vital signs; and perform medication reconciliation.

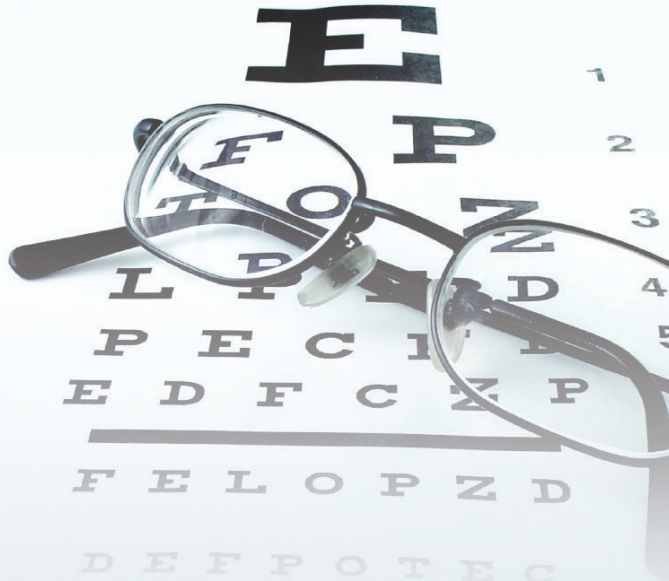
However, RevolutionEHR will seek certification for the additional functionalities required in a complete EHR by the end of the year, Dr. Jens said. E-prescribing will be accomplished through Annapolis, Md.-based Networking Technology's already CCHIT-certified RxNT system, according to Dr. Jens. Secure record storage will be provided by Wayne, Pa.-based SunGuard. The RevolutionEHR system has already been certified to provide the security features (access control, emergency access, automatic log-off, audit log, integrity, authentication, general encryption, and encryption when exchanging electronic health information) required of EHRs under the incentive program.

The phased rollout, facilitated by the RevolutionEHR system's Web based architecture, will allow subscriber optometrists to begin incorporating some of the meaningful use components in their patient care as soon as possible, before they register with the CMS for the incentive

See EHR, next page



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55	24.41	19.51	41.83	31.11	76.39	55.83
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Spouse Name: _____

☐ Male ☐ Female Date of birth: _____ - _____ - _____

Height _____ Weight _____ Nicotine User ☐ Yes ☐ No

Amount of Insurance: ☐ \$100,000 ☐ \$250,000 ☐ \$500,000 Other: _____

Term Requested: ☐ 10 years ☐ 15 years ☐ 20 years ☐ 30 years

Your Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

☐ Male ☐ Female Date of birth: _____ - _____ - _____

Height: _____ Weight: _____ Nicotine User ☐ Yes ☐ No

Daytime Phone: (_____) _____ ☐ Home ☐ Work ☐ Cell

Evening Phone: (_____) _____ ☐ Home ☐ Work ☐ Cell

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Amount of Insurance: ☐ \$100,000 ☐ \$250,000 ☐ \$500,000 Other: _____

Term Requested: ☐ 10 years ☐ 15 years ☐ 20 years ☐ 30 years

Rates are current as of November 2010 and are subject to change.

Premiums shown are for a healthy non-nicotine Super Preferred Rate Class, and are subject to underwriting approval by ReliaStar Life Insurance Company. Premiums shown are monthly and include an annual \$68 policy fee. ING TermSmart, policy form series 1315-02/10, varies by state and may not be available in all states (not available in New York), is issued by ReliaStar Life Insurance Company (Minneapolis, MN). ING TermSmart NY, policy form series 3314-02/10, (only available in New York), is issued by ReliaStar Life Insurance Company of New York (Woodbury, NY). Within the state of New York, only ReliaStar Life Insurance Company of New York is admitted and its products issued. Both are members of the ING family of companies. Available in cooperation with Insurance Central, CA insurance license #0C26165. Other than the ING companies identified, no other entities, whether distributing or listed on the material, are affiliated with ING family of companies.

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program, said Dr. Jens.

At least one additional Web-based optometric EHR is under development. Overland Park, Kans.-based QuikEyes Software, Inc., expects its optometric EHR software package to be certified for use under the HITECH program during first quarter of 2011, according to company founder and president Matt Lowenstein, O.D.

In addition, Lincoln Neb.-based Practice Director Software, a division of the Williams Consulting Group, plans to have its EHR program tested for certification during the first quarter of 2011, according to Brad Rourke, the company's vice president.

Achieving meaningful use

Most optometric practices should be able to accomplish the objectives necessary for meaningful use, Dr. Gross believes (see "Achieving EHR meaningful use objectives in an optometric practice" in the Practice Strategies section of the December issue of *Optometry: Journal of the American Optometric Association*). About half of the objectives will involve implementing technological functions (clinical decision support, computerized physician order entry [CPOE], e-prescribing) that may be new to an optometric practice, he acknowledges. However, half or more of the core objectives involve routine functions (recording patient demographics, compiling patient medication lists) that are commonly performed as a part of normal patient record-keeping in virtually any practice, he adds.

Certified EHR products must have readouts that will allow practitioners to check on their performance in meeting meaningful use objectives, Dr. Gross notes. Many practitioners will probably use that feature to ensure they have met the necessary criteria

see EHR, page 18

Are you procrastinating about your life insurance, too?

A Special Note to Our Members

This is the fifth article in our series discussing the fundamentals of available insurance and other coverage that can help protect you, your family and your practice. We believe it's important for all of us to become better informed consumers when it comes to selecting coverage. As an eye-care professional and member of the AOA, you have many choices.

This article focuses on one of the key fundamentals that can help safeguard your family's future financial security, protect and maintain their lifestyle and give you greater peace of mind if something were to happen to you.

T. Joel Byars, O.D.

Chairman, AOA Insurance Committee

You've probably heard a version of the proverbial saying: "nothing is certain except death and taxes." And we all know, as unpleasant as both are, they are inevitable.

That's why it was surprising when a recent study revealed that only 44 percent (less than half) of all American households have life insurance — the key financial security to protect loved ones if a primary breadwinner dies.

And of those that have life insurance, half say they don't have enough to adequately support their loved ones if they died.*

Since death is certain, why doesn't every American household have enough life insurance? Here are the primary reasons concluded in this same study:*

- Families have other financial priorities, such as paying off debt or saving for retirement, and the struggling economy has made finances worse.
- While most agree life insurance is the best way to protect against the death of a primary breadwinner, many procrastinate doing something about it because they don't know where to go for help or they just don't want to think about their own mortality.
- About 25% of households rely only on group or employer-provided life insurance. This type of coverage often limits the amount of benefits available, which leaves many employees underinsured.
- Americans want professional help but they don't know where to buy it or whom to turn to for help.

Almost eight in 10 American households currently do not have a personal life insurance agent or broker to turn to and most of them say they never did.*

So if you don't have any life insurance or know you need more but you're concerned about the economy and affordability of it, what can you do?

Many Americans who need affordable life insurance generally purchase Term Life Insurance. Term Life Insurance is one of the least expensive types of life insurance in the market. It provides a lump-sum death benefit when the insured dies.

Term Life Insurance can be offered in different term options — from yearly renewable term to 10-, 15-, and 20-year, or even longer periods. This makes it easy and flexible to tailor to your family's budget and personal needs.

Plus, it offers ideal coverage that can be used to supplement employer-provided or other coverage you already have or it can be used as your primary source of coverage.

If you've been procrastinating buying life insurance (or more of it) and don't have a personal agent to help you, consider contacting a life insurance "buying service."

A "buying service" by its definition is just that — a service that "shops" the market to find the best deal for you. It saves you the time and money it would take for you to shop on your own for coverage.

Plus, buying services are becoming more popular because they offer these advantages:

Flexible coverage: The buying service will work with you to develop a plan — whether you already have coverage through your employer or other source and just need more. Or whether you don't have any coverage and you're starting from scratch.

Objective advice and guidance: Most services aren't tied to one specific insurance company or group of benefits so they're able to offer you the best advice and guidance based on your personal situation, needs and budget.

Convenient and expert shopping: The service does all the legwork by reviewing insurance carriers, benefit options and rates for you. Usually they only work with reliable, top-rated insurance carriers. This saves you the time from having to find the best and most stable provider on your own.

Portability: When you purchase coverage through a buying service, you can take it with you if you leave your current employer. This is unlike employer-provided coverage that usually ends when you terminate employment.

Hassle-free process: You can easily find a buying service online or through a print or TV advertisement. With just a simple phone call or a couple clicks online, you can request no-obligation information. Then, if you decide to buy, there is little paperwork to complete because most of it is handled over the phone or online.

Thus, with a buying service, you can avoid the high-pressure sales of face-to-face meetings with insurance agents.

There are also other ways to obtain life insurance — as mentioned, face-to-face with a local insurance agent in your area, from an ad on TV, or through specific organizations sponsoring a product. All offer advantages and disadvantages.

The bottom line is to make sure you have enough life insurance for your loved ones in case something happens to you and to find a resource you can trust to provide this important financial security for you and your family.

*Source: *Facts About Life 2010*, LIMRA, Life Insurance Awareness Month, September 2010.

Entertainment, from page 1

Since then, Brockovich hasn't been resting on her laurels... she continues to fight hard and win big.

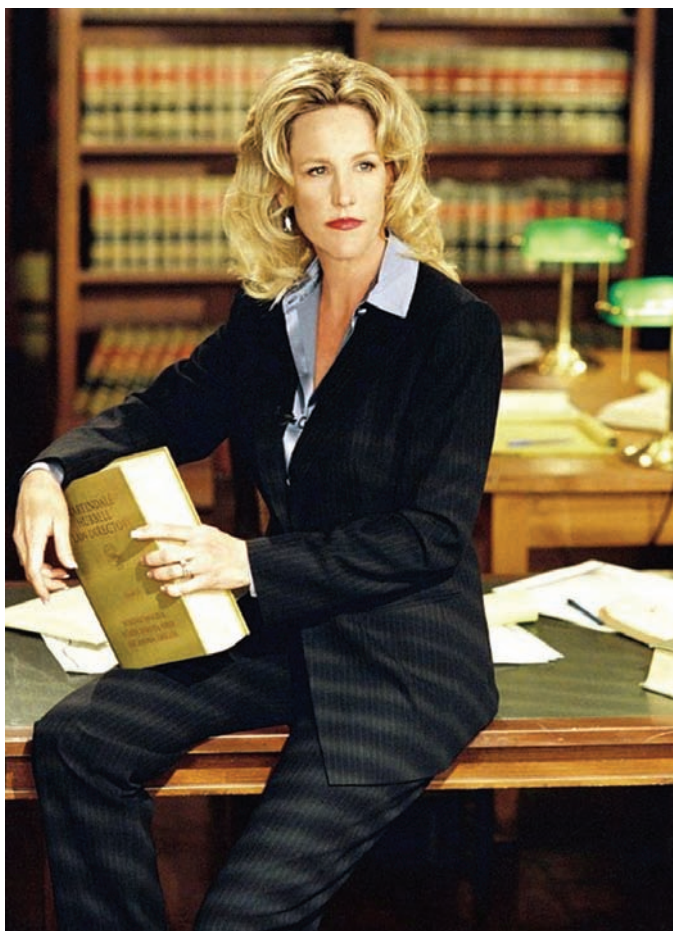
Emmy award-winning Wayne Brady is one of the most versatile performers in show business. He has been entertaining audiences with his acting, improv, singing, and dancing on television, film, and the stage.

Brady hosted his own syndicated talk/variety show, "The Wayne Brady Show," for two years and picked up two Emmys for Outstanding Talk Show Host and an Emmy for Outstanding Talk Show.

Brady can be seen on Fox hosting "Don't Forget the Lyrics" and performing regularly at the Venetian in Las Vegas.

Comedian Kathleen Madigan, dubbed by Jay Leno as "one of the funniest female comics," has been tapped for her comedic point of view as a special correspondent for "The Dr. Phil Show."

The American Comedy



Erin Brockovich

Award winner for "Best Female Comedian" appeared on shows for VH1 and TV Guide Network, "The Joy Behar Show," "Wanda Sykes Show," and "The View."

In addition to the three CDs and DVDs currently

available, Madigan has recorded another CD, DVD, and comedy special for release later this year.

Registration for the 2011 Optometry's Meeting opens in early February. Visit www.optometrismeeing.org

Optometry's Meeting® registration opens in early February – Why YOU should attend!

Optometrists if you are looking to get the continuing education (CE) you need at a reasonable price, network with your peers, and find out what's "new" in your profession...you definitely need to attend Optometry's Meeting®. With more than 200 hours of CE (and more than 30 free hours), it's a bargain! The Exhibit Hall will be sectioned by category (contact lens, pharmaceutical, optical, etc.) for your convenience, and each section will have a theater with specific education and hands-on product demos! Optometry's Meeting® networking events are a great opportunity to catch up with old friends and colleagues. Be sure to bring your staff for plenty of great opportunities as well!

Paraoptometrics/office personnel if you would like to advance your career, we have just the opportunity for you—get certified through the Commission on Paraoptometric Certification (CPC)! Coding and billing certification is also now available. If you are already certified or just want to hone your skills, we have what you need! With three tracks of education created with you in mind, Optical Track, Assistant Technician Track and Practice Management Track, everyone is covered. Workshops will offer "hands-on" learning with optometric professionals. We also offer OD/Paraoptometric courses designed for the optometric "team" learning advantage. There are plenty of networking opportunities with your professional peers and plenty of time built in to peruse the vast Exhibit Hall.

Students of optometry if you are looking to get the education not provided in your typical coursework, such as practice management and marketing pearls, you definitely need to attend Optometry's Meeting®. Optometry's Meeting® also offers students an array of networking opportunities to mingle with old friends and make new ones. The Career Center Career Fair will be available once again with a plethora of courses and plenty of time to figure out what "mode" of optometry makes sense for you. You can also secure time-certain appointments during the Career Fair or interview at your leisure. Don't forget to check out the Exhibit Hall and take advantage of SightQuest—a unique Exhibit Hall networking opportunity we're sure you will enjoy!

Visit www.optometrismeeing.org for more information.

Call for posters now open!

The AOA is inviting participation in the Clinical and Scientific Poster Session at the 114th Annual AOA Congress & 41st Annual AOSA Conference: Optometry's Meeting®.

The program creates a national forum for clinicians, students, and faculty to communicate interesting cases and unique research to their colleagues.

The poster preview session will be held Friday, June 17, 2011, and the interactive session offering continuing education credit will be Saturday, June 18, 2011, from 11 a.m. to 2 p.m. at the Salt Palace Convention Center in Salt Lake City, Utah.

Poster abstracts must be submitted electronically and must be received by Feb. 9, 2011.

For more details and an electronic submission form, log on to www.optometrismeeing.org and click on the Call for Posters link.

For more information contact Stacy Diliberto at 314-983-4254 or at sadiliberto@aoa.org.



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Historical gem

How soft contact lenses came to the U.S.

American Optometric Association

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FOR IMMEDIATE RELEASE----

ST. LOUIS, MO., MARCH 18, 1971---The American Optometric Association today greeted Bausch & Lomb's soft hydrophilic contact lens as a potential boon to vision care.

Bausch & Lomb, one of the nation's largest manufacturers of eye-wear lenses, announced Thursday morning that the U. S. Food and Drug Administration has approved the firm's "Soflens" for marketing. FDA confirmed the approval a short time later to news services.

The lenses will be available for several months, following the prescription of optometrists and physicians. The lenses were developed with development of

Dr. Brungardt, chairman of the AOA Council, said the soft lens undeniably is a valuable addition to the equipment of every contact lens practitioner in fitting patients.

The new hydrophilic contact lenses will be fitted only on the prescription of optometrists and physicians, and not on the patient's insistence. Opticians cannot dispense the "Soflens" without the direct and personal supervision of an optometrist or physician.

Dr. Brungardt said that the unique characteristics of the gel lens represent a valuable addition to the equipment of every contact lens practitioner in fitting patients.

Bausch & Lomb announces the release of the first Soflens contact lens in 1971.

Grateful VISION USA patient responds

"Received my letter today, approving me for a free eye exam... I have scheduled my appointment for Nov. 18 with Dr. Lisa Wiseman. Over the past 10 years or so, I have been wearing non-prescription drugstore reading glasses, as I have been unable to afford an eye exam and the proper glasses I so desperately need. Needless to say, I am extremely grateful to your organization for providing this service. To low-income people such as myself, your organization is truly a blessing. Thank you so very much for approving my application. Sincerely, Susan A., Ohio

Call for Hall of Fame nominations

Nominations are still being accepted for Class of 2011 inductions into the National Optometry Hall of Fame.

The deadline for this year's consideration is Dec. 31, 2010.

Nominations should include a statement in support of the nominee's qualifications, letters of support and an overview of the individual's career-long contributions to the profession.

Nominations may be e-mailed to Foundation@aoa.org or mailed to National Optometry Hall of Fame, 243 N. Lindbergh Blvd., First Floor, St. Louis, MO, 63141.

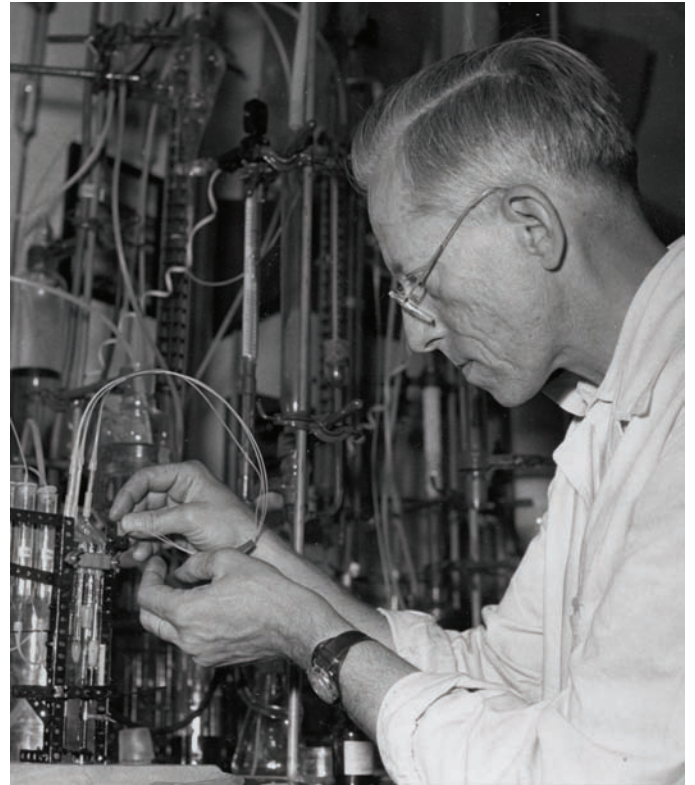
Most readers know that the gel material used in the development of soft contact lenses was developed by chemistry professor Otto Wichterle of Prague, Czechoslovakia, in the late 1950s or early 1960s.

What many readers do not know is how the patent for the material was transferred to Bausch & Lomb in the United States.

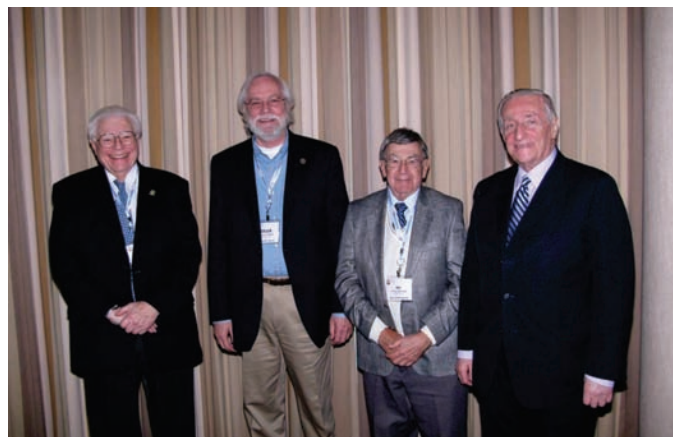
Rumor has it that Robert Morrison, O.D., pioneer contact lens specialist and optometrist to European royalty (that story must wait for another day), was the one who sold the patent rights for the gel to Bausch & Lomb. This is not the case.

To learn the facts of the patent's transfer, visit www.aoa.foundation.org/archives-museum-of-optometry/historical-gems/.

At top right, chemistry professor Otto Wichterle works in his lab in the late '50s or early '60s. At right, the gel material used in the development of soft contact lenses is shown.



Reminisce-In



Optometric Historical Society Board Members assemble for the Reminisce-In held at the American Academy of Optometry in November. Pictured from left are Drs. Jay Enoch, Charles Haime, Irving Bennett and Norman Haffner. This year's topic was "The Ups and Downs of Optometry's Relationship with Organized Medicine and Organized Ophthalmology." Dr. Haffner was the presenter.

Give the gift of access to vision care

There is still time to provide a contribution to Optometry Cares' end-of-year campaign. Donors have the flexibility to designate where they would like their dollars allocated. Your contributions help Optometry Cares in its pursuit to expand eye health and vision care access to everyone in the United States in order to enhance human performance and quality of life. To donate online, visit www.aoafoundation.org and show You Care!

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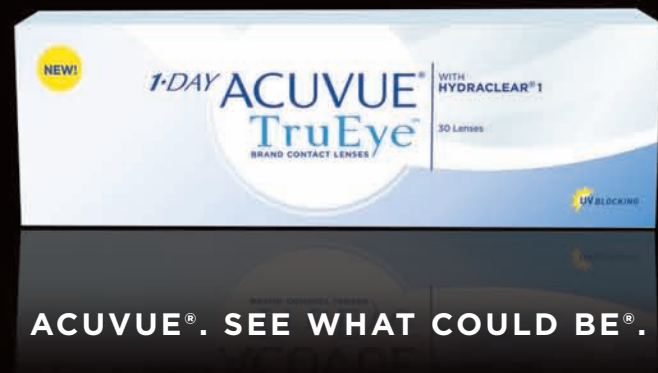
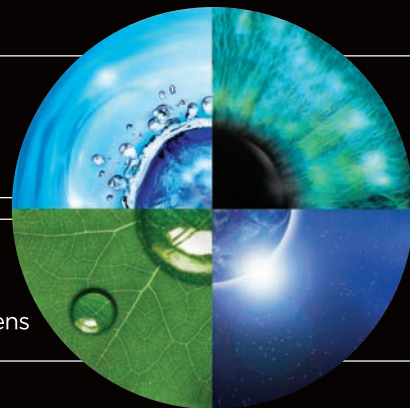
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Wyoming ED enjoyed life filled with family, friends, outdoors

Wyoming Optometric Association Executive Director Dan Lex, 63, passed away Dec. 1.

Lex was born in Pierre, S.D., on Nov. 30, 1947, and received his degree in business administration and economics from Northern State University in Aberdeen, S.D., in 1969. He and his wife of 39 years, Kathryn, moved to Cheyenne in 1974.

Lex was the executive director of both the Wyoming Optometric Association and the Wyoming Quality Health Care Foundation.

He served on numerous national committees through

the AOA and in various board positions for the International Society of Optometric Executives, including president of that organization. He also served on many

and had an ability to mentor young executives.

"I am comforted with fond memories of Dan as a friend and mentor for over 15 years in our work together in

the Wyoming political arena," said current WOA Executive Director Marian Schulz. "He was well thought of and respected by his colleagues and lawmakers

throughout our great state and Washington, D.C. congressional offices. It was obvious he considered his work advocating for the profession of optometry not a 'job,' but a passion. He worked for and with true friends; far beyond that of just clients and associ-

"It was obvious he considered his work advocating for the profession of optometry not a 'job,' but a passion."

Wyoming health committees and boards, most recently as president of the Wyoming Health Resources Network.

He was a founder of the Wyoming Society of Association Executives. He advocated for his profession in state and national venues



Dan Lex, Wyoming Optometric Association executive director

ates. Dan didn't offer up any advice when we spoke about the WOA and the AOA, but rather instead words I will never forget and continue to treasure: 'Have fun. They are all *really* good people.'"

Due to his illness, he regretfully retired from all professional activities in May 2010.

Lex enjoyed many things in life: laughing with friends and family; dancing with his wife, Kathryn; camping with his children and his parents in the Black Hills of South Dakota; and fixing up and driving his beloved 1960 Chevy Impala.

The most indelible memory people have of Lex was

his love of the outdoors and of catch-and-release fly-fishing.

As an advocate of Wyoming's watersheds, he founded Trout Unlimited's Curt Gowdy Chapter in 1980. Lex is survived by his wife, Kathryn; his son, Andrew, his daughter, Jennifer Lex Furioli; son-in-law, Julien; grandson, Joss; and brothers, Gilbert and Leo.

Friends may contribute to the Davis Hospice Center at 6000 Sycamore Road, Cheyenne, WY 82009; Wyoming Public Radio, Dept. 3984, 1000 E. University Ave. Laramie, WY; or Trout Unlimited Curt Gowdy Chapter at P.O. Box 2051, Cheyenne, WY 82003.

Incarnate Word optometry school named in honor of major donor

The University of the Incarnate Word (UIW) received a major gift of \$11.5 million from Sandra and Stanley Rosenberg. The generous gift is significant as it is one of the largest gifts in the country ever given by a

persons of diverse backgrounds helps us all to grow for the common good," said Louis Agnese, Ph.D., UIW president.

The Rosenbergs are longtime supporters of the university and its mission.

The next phase of the project will be a clinical eye care facility on San Antonio's East Side, for which UIW is currently raising \$11.5 million to complete.

While each location will offer a wide range of optometric services, they will also have a special commitment to pediatric eye care and low vision services, as there is an acute need for both locally.

The economic impact of the UIW optometry program on San Antonio over a 10-year period is conservatively estimated at nearly \$300 million.

The Rosenberg School of Optometry is one of 20 in the contiguous United States and is the only one located at a faith-based university.

The mission of the Sandra and Stanley Rosenberg School of Optometry is to educate and prepare future leaders in optometry through excellence in education, patient care, vision research and public service within a context of faith and personal development.

The naming of this professional school will make it the only named school of optometry in the United States.

Jewish family to a Catholic institution of higher learning. To mark this auspicious occasion, the university named the Sandra and Stanley Rosenberg School of Optometry in their honor.

The naming of this professional school will make it the only named school of optometry in the United States.

"We are honored to have the support of Sandra and Stanley as we take this next step in addressing the needs of our community. Through our mission we believe that the respectful interaction of

This is the Rosenberg's second gift to the university.

The school of optometry matriculated its first class in 2009 after receiving approval by the Accreditation Council on Optometric Education of the American Optometric Association.

The school's facilities will be housed in two locations. The 67,000 square-foot school of optometry is located in the heart of San Antonio's Medical Center.

It includes the academic headquarters, research facilities and one of two clinical facilities.

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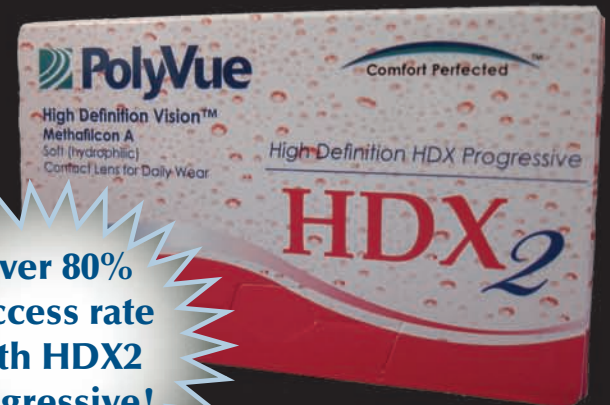
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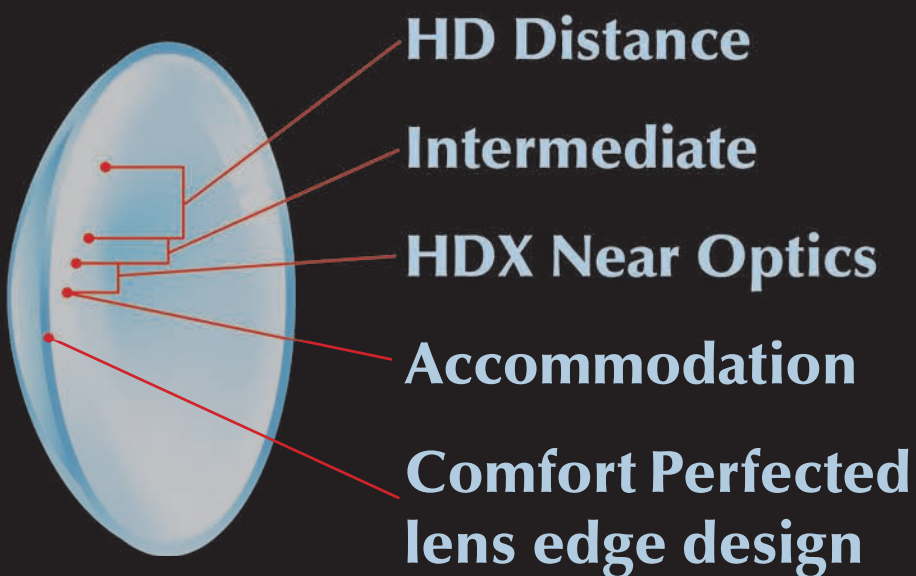


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Medicare again holds off on PECOS ordering/referring deadline

Medicare, for the second time, is holding off on plans to reject claims for health care products or services ordered by health care practitioners who have not enrolled as providers through the government health plan's Provider Enrollment, Chain and Ownership System (PECOS).

Medicare carriers and payment contractors around the nation were ready to begin rejecting such claims on Jan. 3, 2011. However, the U.S. Centers for Medicare & Medicare Services (CMS) is allowing additional time to clear a backlog of practitioners attempting to enroll as providers through PECOS. In a bulletin last month, the agency also cited a need for additional time to address other issues associated with the system.

The CMS announcement effectively gives physicians more time to enroll or re-enroll in Medicare to ensure they have a complete Medicare

enrollment record in the PECOS database, the AOA Advocacy Group noted in a bulletin to optometric leaders last month.

The CMS originally planned to begin rejecting claims for durable medical equipment, prosthetics, orthotics, and supplies (DME-POS) or services ordered by non-PECOS practitioners on April 5, 2010; however, agency officials issued an extension citing an already mounting backlog of enrolling providers at that time.

In last month's bulletin, CMS officials emphasized that they have not yet set a new deadline by which all "ordering/referring" practitioners must be enrolled as Medicare providers through PECOS.

"At this time CMS has not turned on the automated edits that would deny claims for services that were ordered or referred by a physician or other eligible professional simply for lack of an approved file in PECOS. CMS is working

diligently to resolve backlog and other systems issues and will provide ample advance notice to the provider and beneficiary communities before the CMS begins any such automatic denials. While there are some rumors that the edits will be turned on in January, we want to reiterate that CMS has not announced any date (January 3 or otherwise) as to when ordering/referring edits will be turned on," CMS officials said.

However, "physicians and other eligible professionals not currently enrolled in PECOS should take the initiative to enroll sooner rather than later," the CMS also emphasized.

The CMS has required health care practitioners to enroll as Medicare providers through PECOS since November 2003. Virtually all practitioners who have enrolled as Medicare providers since that time are in the system, the AOA Advocacy Group notes. However, many health care practitioners who

Checking PECOS status

There are three ways to verify that a health care practitioner has an enrollment record in PECOS, according to the U.S. Centers for Medicare & Medicaid Services:

- ❖ Check the Ordering Referring Report on the CMS Web site, available at www.cms.gov/MedicareProviderSupEnroll/06_MedicareOrderingandReferring.asp. Any practitioner who is listed in the report has a current enrollment record in PECOS.
- ❖ Use Internet-based PECOS to look for a PECOS enrollment record (www.cms.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp). If no record is displayed, the practitioner does not have an enrollment record in PECOS.
- ❖ Practitioners can also contact their designated Medicare enrollment contractor and ask if they have an enrollment record in PECOS. Visit www.cms.gov/MedicareProviderSupEnroll for the "Medicare Fee-For-Service Contact Information" list (in the "Downloads" section).

enrolled as Medicare providers prior to that time may not be in the system. In order to be listed in the database, doctors who enrolled prior to 2003 must re-enroll by submitting a complete enrollment application to their Medicare carrier or contractor.

In addition, the AOA Advocacy Group notes, Medicare regulation requires ordering/referring providers to have up-to-date files in PECOS complete with National Provider Identifiers (NPI). Many practitioners who have PECOS files may need to update them to ensure they have all the required information (see box).

The PECOS ordering/referring requirement is important to optometrists because Medicare considers cataract eyeglasses to be prosthetics. The new restriction also applies when patients are referred for services such as lab tests or therapy.

The planned payment ban will apply to any claim for which the practitioner listed in the "ordering" or "referring" space on the CMS 1500 claim form cannot be found by the processing Medicare payment contractor in PECOS.

For information on Medicare see the AOA Web site PECOS page (www.aoa.org/PECOS).

EHR, from page 11

ria over the course of a 90-day reporting period, before formally applying for incentives, he said.

During a recent series of presentations before health care practitioner organizations, David Blumenthal, M.D., the HHS national coordinator of health information technology, attempted to encourage participation in the incentive program, noting that practitioners can effectively defer a meaningful use objective by claiming an exception, thus leaving them with fewer measures to satisfy initially.

Exceptions may be appropriate when a practitioner is not called upon to use specified EHR functions at the levels indicated in the measures during a reporting period, either because the function falls outside the practitioner's normal scope of practice or simply because insufficient numbers of

patients required or requested the function, he said.

However, Dr. Gross cautions that the HHS has not officially indicated the measures for which optometrists might appropriately claim exemptions.

Based on information provided during a recent presentation by Dr. Blumenthal to the American Academy of Ophthalmology, Dr. Gross believes there may be only a few circumstances under which optometrists might defer compliance by claiming exemptions from core meaningful use objectives:

- ❖ *Computerized physician order entry (CPOE) and e-prescribing:* Eligible providers (EPs) could opt out of CPOE and e-prescribing if they write fewer than 100 prescriptions in a 90-day reporting period, but still get credit for the measure.
- ❖ *Electronic copy of health*

records: If no patients ask for an electronic copy of their health records during the 90-day reporting period, EPs can meet this core set objective as an exception and still get credit for the measure.

Allowing health care practitioners to initially defer five of the 10 menu meaningful use objectives under the program rule is one way the HHS has attempted to make the earning of incentives a realistic and achievable goal next year, the AOA Advocacy Group notes.

The AOA HIT Subcommittee is seeking clarification on additional core or menu meaningful use objectives for which optometrists may be able to defer compliance by claiming exceptions. The AOA HIT Subcommittee suggests optometrists frequently check for updates on the AOA Web site EHR page (www.aoa.org/EHR).

AOA secures identity theft protection benefit

The AOA announced a new member benefit—identity-theft protection through LifeLock.

LifeLock is the premier identity theft protection firm, and the AOA is pleased to partner with them to provide members with a trusted resource to help protect their identities at special member pricing.

Because identity theft is one of the fastest growing crimes in America, the AOA decided to add identity theft

protection to its expansive list of member benefits.

The new AOA partnership with LifeLock provides the following protections:

- ❖ Proactive threat alert system
 - ❖ Advanced Internet threat detection
 - ❖ Lost or stolen wallet protection (excludes pictures, cash, and other monies)
 - ❖ 24/7 access to an identity-theft resolution specialist
- To learn more, visit <http://offers.lifelock.com/aoa/>.

APHA Vision Care Section celebrates achievements

The American Public Health Association (APHA) concluded its 138th Annual Meeting and Exposition in Denver, where more than 12,000 public health professionals from around the world met to address the nation's top public health challenges and more than 900 scientific sessions provided the most up-to-date public health research.

"The APHA Annual Meeting provides a unique platform for thousands of public health professionals to come together to share the latest research, discuss advocacy efforts, build new partnerships and address emerging health issues currently facing the nation," said Georges C. Benjamin, M.D., executive director of the APHA. "This year, as the

Governing Council member Gregory Wolfe, O.D., MPH, was able to make three amendments on the floor of the Governing Council to the APHA proposed resolution "Child Health Policy for the United States."

The purpose of this policy paper is to guide deliberations and action by the APHA on the health of children in the United States by proposing principles to be included in guiding federal agencies in implementing programs and providing services for children, as well as supporting legislative efforts to improve children's health.

Dr. Wolfe was able to amend under "Coordinated school health programs" as well as "Access to health and developmental care" the following: Children should have access to developmentally

lished through policy at the national, state and local levels.

"Including vision in this policy statement will help APHA formulate a comprehensive, inclusive approach to providing children's health services in their future advocacy efforts," according to Dr. Wolfe.

The APHA VCS Awards Committee selected Anthony F. Di Stefano, O.D., MEd, MPH, for the Distinguished Service Award. Dr. Di Stefano is honored for his "demonstrated and significant contributions and leadership in global public health initiatives."

Dr. Di Stefano, who is vice president of Academic Affairs, Salus University, also launched a new Web-based Master of Public Health (MPH) and public health certificate programs in November 2010.

Stan Hatch, O.D., MPH, John Whitener, O.D., MPH, W. Howard McAlister, O.D., MPH, and Sandy Block, O.D., MEd, were the recipients of the prestigious APHA VCS 2010 Outstanding Scientific Project Award. They were selected for editing the new online textbook *Optometric Care Within the Public Health Community*.

The book is a broad-based public health resource/text undertaken for optometry students and the health care professions dedicated to vision care and optometry. More than 50 authors contributed to the textbook, which is available free on the Web.

There were four student recipients of the Morton W. Silverman 2010 Outstanding Student Project: "An Assessment of Optometric Care and Education for Patients with Disabilities."

The four second-year students all from the New England College of Optometry are Lisa Huang, Eric Lukacin, Adrian Wan, and Matthew Waterbury.

The students were unable to attend, and the award was accepted by their



Stacy Lyons, O.D., chair of the APHA's Vision Care Section, presents Outstanding Paper or Project Award to John Whitener, O.D., MPH, and Sandy Block, O.D., MEd.

faculty adviser Catherine Johnson, O.D.

The study was to evaluate the clinical and didactic education received by optometric students for people with mental disabilities and to identify the shortcomings of the optometric profession in caring for this population. The study concluded that most students would like to help patients in this population; however, they face many challenges including

mental, physical, and financial toll on clinicians. Increasing students' exposure to this group would benefit the students as clinicians and the level of optometric care for the population of people with disabilities.

Next year's APHA Annual Meeting will be held Oct. 29-Nov. 2, 2011, in Washington, D.C.

More information about joining the APHA is available at www.apha.org.



Tony DiStefano, O.D., MPH, receives APHA VCS Distinguished Service Award from Siu Wong, O.D., MPH, VCS awards chair.

next phase of health reform implementation unfolds, public health professionals will be called upon to employ the practices shared and lessons learned during the Annual Meeting in states and communities across the country to ensure all Americans reap the benefits of this historic law."

The APHA Vision Care Section (VCS) continues to expand its visibility and recognition at the national level with the election of Melvin Shipp, O.D., Ph.D., as president-elect of the APHA.

In addition, VCS

appropriate, integrated health care (physical, mental, developmental vision and oral) that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.

The policy provides both support to children and families within the school system and linkages to resources in the community and should have positive impacts on the educational achievement of children

Furthermore, the policy states that a uniform set of core preventive and support services should be estab-

ABO releases exam content overview

The American Board of Optometry (ABO) has completed the development of the Board Certification Examination Test Specifications/Content Outline for the inaugural examination. The examination window is scheduled for June 1-18, 2011, at more than 400 Prometric Test Centers in the United States and throughout the world.

The release provides a broad overview of the examination; the American Board of Optometry will release a more detailed content outline in a few weeks. The examination content overview is available on the American Board of Optometry Web site at www.abopt.org under News and Events.

The test specifications for the ABO Board Certification examination are based on the results of the Job/Profession Analysis Survey that was sent to the profession early last month.

"We are very pleased with the profession's response to the survey," said David A. Heath, O.D., Ed.M., treasurer of the ABO and chair of the Test Specifications Committee. "The job analysis served as the basis for validating the content specifications for the examination, and is a key component for accreditation of our program. It is a major step in the process that will assure that our assessment is psychometrically sound, meets generally accepted health care industry standards, and withstands third-party scrutiny."

Optometrists may apply to become Active Candidates for ABO Board Certification on the American Board of Optometry Web site at www.abopt.org.



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Member Advantage

AOA adds Wells Fargo Practice Finance to wealth of member benefits

The AOA announced an agreement with Wells Fargo Practice Advancement Group to become the preferred provider of investment capital, planning tools, educational resources, and expert support for AOA members. The agreement was part of an effort by the AOA Clinical and Practice Advancement Group whose mission is to help optometrists achieve their practice goals.

The affinity relationship through the AOA's Member Advantage Program will offer a range of financial products to AOA members for practice acquisition, start-up and expansion projects, along with commercial real estate financing. AOA members will benefit from preferred rates, along with customized financing and payment terms based on each practice's monthly budget requirements.

"Through this agreement, Wells Fargo Practice Finance has shown a great commitment to working closely with optometric professionals to ensure long-term success is achieved," said AOA President Joe Ellis, O.D. "We are pleased that AOA members will have full access to Wells Fargo Practice Finance's premier client service and financial guidance for years to come."

With more than 20 years of health care experience, Wells Fargo Practice Finance understands the business of running an optometric practice and offers a range of solutions to help emerging and established optometrists take the next step in their careers. Wells Fargo Practice Finance also offers a comprehensive Market Data Report with current and relevant data about the area surrounding the optometrists' practice locations. This information can be very valuable in the selection, growth or sale of a practice, the development of a business plan, and the creation of a marketing plan.

Statistical information includes:

- ❖ Population variables for both residential and employed populations
- ❖ Socioeconomic indicators including economics, education and housing
- ❖ Number of existing practices in designated area

For more information, visit www.aoa.org/x16986.xml or www.wellsfargo.com/welcomeoptometrists or call 877-207-5395 to speak with a financing specialist.

This new offering is just one of the many benefits for members through the Clinical and Practice Advancement Group.

"Helping our members thrive and succeed in the business of eye care is our daily focus," said Jim Brocato, director of the Clinical and Practice Advancement Group. "We recognize that every member has different needs based on where they are in their careers. Our goal is to identify these needs then provide education and services to our members. Whether you



From left, Jeff Connon, vice president, Business Development Manager; AOA President Joe Ellis, O.D.; Rhonda Meyer, vice president, Regional Manager; Paulette Pierce, finance specialist; Lori Tulkoff, vice president, Marketing Manager; AOA President-elect Dori Carlson, O.D.; and Allison Farey, president, Wells Fargo Practice Finance.

are a student, new in practice, looking to expand and grow or someone who is looking to transition out of their practice and retire, the AOA wants to be a resource to partner with you along the way."

All members of the AOA have access to the following resources without leaving their office:

- ❖ Billing, coding, and medical records Webinars
- ❖ An exhaustive list of frequently asked coding questions
- ❖ AskTheCodingExperts@aoa.org – a dedicated e-mail for coding questions
- ❖ AOA Coding Today (www.aocodingtoday.org) – an online coding resource
- ❖ Staff training – a full suite of online staff training and development tools
- ❖ Electronic health record education – dedicated Web site, articles, demos and much more
- ❖ More than 1,000 practice management articles from *Optometry's Practice Strategies*
- ❖ Practice marketing and patient education tools
- ❖ A dedicated webpage focused on mergers, acquisitions, and financial considerations
- ❖ Business resources such practice financing programs, merchant processing services, insurance services including practice liability, health, LTD, business interruption and life
- ❖ A dedicated career center to help recruit staff and doctors
- ❖ Practice appraisals and mediation resources
- ❖ AOACONnect – An online social media network for AOA members. There are designated practice management and other groups where you can share ideas, ask questions and simply stay connected with colleagues and friends all in a secure environment.

To learn more about these important member benefits, go to www.aoa.org or call Lauren Sansone at 800-365-2219, ext. 4152.

AOA Vision Rehabilitation Section to offer CE

The AOA Vision Rehabilitation Section (VRS) will again be offering the continuing education course "Reducing the Risk of Age-Related Vision Loss" to state associations in 2011.

The National Eye Institute reported in 2004 that in the United States, more than 3 million people are affected by blindness or low vision, due to cataracts, diabet-

ic retinopathy, macular degeneration, glaucoma or injury, and this number is expected to exceed 5 million by 2020.

"Reducing the Risk of Age-Related Vision Loss" is a two- or three-hour Council on Optometric Practitioner Education (COPE)-approved course developed by the AOA VRS that includes education regarding the science of ocular nutrition and several case-based examples of current

comprehensive treatments (nutritional, medical, and vision rehabilitative) highlighting age-related macular degeneration, cataracts, glaucoma, and diabetic retinopathy.

This course was presented at eight state associations in 2010 and will be presented at eight state associations in 2011.

The current schedule for 2011 includes presentations in Delaware, Oregon, Indiana,

New Mexico, Montana, Arkansas, Connecticut, and Mississippi.

Visit the VRS Web page for a complete list of dates and times at www.aoa.org/vrs.xml.

This program is generously supported by Kemin Health.

For more information, contact AOA Sections Coordinator Melissa Flower at MLFlower@aoa.org.



American Optometric Association

The American Optometric Association (AOA) thanks the following corporations for their 2010 support. Their assistance noticeably demonstrates a concern for the well being of the optometric profession and better eye and vision care for patients across the nation.

While there are many companies in the ophthalmic field, we hope you will take note of those that are most active in supporting the AOA and the profession of optometry.

American Optometric Association
243 N. Lindbergh Blvd.
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St. Louis, MO 63141

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Fax: 314-983-7302
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Highlighted are a few of the many programs companies supported with the AOA in 2010.

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- Sports Vision Section (SVS) Vision Evaluations at the Junior Olympics

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- Optometry's Meeting®: Education
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- Paraoptometric Certification Program

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- Optometry's Meeting®: Education
- Optometry's Meeting®: Contact Lens & Cornea Section Hospitality Area
- Optometry's Meeting®: Education
- Optometry's Meeting®: AOSA General Session Speaker & Student Lecture Prizes
- Optometry's Meeting®: Presidential Celebration



- Health Eyes Healthy People® State Association Grants
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CODING TODAY

'Ask the Codeheads'

Year-end potpourri...retinal imaging coding changes dramatically for 2011 and so may long-term Medicare fees

Edited by Chuck Brownlow, O.D., AOA CodingToday and Medical Records consultant

Three new codes will replace 92135. 2011 Current Procedural Terminology (CPT®, American Medical Association) includes one very significant change affecting eye care. 92135. "Scanning computerized ophthalmic diagnostic imaging, posterior segment, (e.g., scanning laser) with interpretation and report, unilateral," has been eliminated.

In turn, CPT created three new codes for imaging, one for reporting anterior segment imaging and two for posterior segment imaging. The following codes and definitions will be in effect Jan. 1, 2011:

❖ 92132 — Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral (replaces the 2010 CPT Category III code, 0187T)

❖ 92133 — Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve

❖ 92134 — Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina

Caveats to consider regarding the new codes:

❖ 92135 was considered 'unilateral'; billed once per eye

❖ Each of the new imaging codes is considered bilateral; billed once, whether one eye or both eyes are scanned

❖ 92132 may be billed on the same day as either 92133 or 92134, assuming the diagnoses involved with the visit support doing both procedures

❖ 92133 and 92134 are mutually exclusive and cannot be billed on the same day, regardless of diagnosis

Although many doctors will appreciate that the CPT Editorial Board has replaced the Category III code with a Category I code, they are likely to be disappointed to learn that CPT changed all three imaging codes to "bilateral."

The disappointment may be deepened, as Medicare's relative value for 92132 is below the relative value for the 92135, and the values for 92133 and 92134 are only very slightly higher (+0.01) than the value for 92135.

The chart below shows the relative values that Medicare has created for each of the new codes (column 2), as well as the projected Medicare Allowed Amounts if Medicare's projected fee schedule goes into effect on Jan. 1 (column 3). Column 4 shows the values for these services if Congress acts prior to Jan. 1, 2011, to retain the current conversion factor.

In any case, the 2011 Medicare reimbursements for performing imaging on both eyes are likely to be considerably lower than those for 92135 in 2010.

Medicare fees still in doubt

The "lame-duck" Congress acted to prevent the enormous reductions in Medicare reimbursements that were facing Medicare providers for 2011, but a long-term plan has yet to be acted upon.

If Congress had failed to act prior to Dec. 31, across-the-board decreases would be seen in Medicare-allowed payments of nearly 30 percent.

To put this in perspective, Medicare adopted the Resource Based Relative Value System in 1992. Since then, the Medicare payments have been based on the simple formula, Fee = Relative Value x Conversion Factor.

The original Conversion Factor was \$30.11 in 1992, 18 years ago. If the Medicare 2011 Conversion Factor was allowed to go into effect on Jan. 1, Medicare's allowed amounts would be well below 2010 and even 15.2 percent below what they were in 1992!

The formula that the Centers for Medicare & Medicaid Services (CMS) uses to calculate the allowed amounts each year is badly flawed, and everyone, including CMS representatives, agrees that it must be fixed.

In spite of that agreement, the formula continues to be the only one available for the CMS to use, necessitating congressional action every year to fully or partially adjust the numbers to provide fairer reimbursement for

providers of Medicare services.

For ODs who have never contacted their U.S. members of Congress on any issue before, this issue must motivate them to contact them now.

The AMA, AOA and all other health professional associations are working vigorously to avert the reductions and to urge correction of

the formula, but it is constituent contacts that are needed now. "Constituent" means "you"! Concerned doctors can learn more about this important issue and even take action by using the AOA's Online Legislative Action Center at: www.aoa.org/x4821.xml or by contacting the AOA Washington office directly at ImpactWashingtonDC@aoa.org.

AOA Coding Resources

The following resources are available to AOA members through the AOA's Clinical & Practice Advancement Group:

- ❖ AOA.org/Coding features a 'Frequently Asked Questions' section for members only, providing questions asked by AOA members and the answers provided by AOA volunteers and staff.
- ❖ AskTheCodingExperts@AOA.org offers AOA members the opportunity to e-mail their coding question and have it answered by an AOA staff or volunteer who is very knowledgeable in medical records and coding.
- ❖ AOA Coding Webinars are provided as an AOA member-only benefit to educate doctors and staff on medical recording keeping and coding.
- ❖ AOACONnect is a social networking site and features a Coding & Billing Group where AOA members, students, volunteers and staff can share information that specifically relates to coding and billing (connect.aoa.org).
- ❖ AOACodingToday.com is an AOA member-only benefit available to all new and renewing AOA members at no cost. CodingToday.com is a Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, Medicare relative value information, previously available to members for \$349 annually.
- ❖ AOAREimbursementPlus.com, another excellent Web-based resource for information on coding rules, fee schedules, reimbursements and much more, is available exclusively to AOA members at a very attractive subscription rate.
- ❖ Codes for Optometry, is provided by the AOA's Order Department for \$125. It is a two-volume set including Current Procedural Terminology® American Medical Association and a separate volume of diagnosis codes used in eye care, Medicare's Correct Coding Initiative, the HCPCS codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. 2010 is the first year that Codes for Optometry is also available on a CD in a searchable format.
- ❖ *Optometry: Journal of the AOA*, will continue to feature articles on these topics in its Practice Strategies section.

AOA volunteers and staff have always been devoted to assisting members in dealing with the challenges of every day practice life, including those related to insurance programs. Much of these benefits are provided at no cost or at greatly reduced costs to AOA members.

Imaging Codes	Relative Values (Medicare Fee = Relative Value x Conversion Factor)	Medicare Allowable, (Using Medicare's 2011 Conversion Factor, \$25.52)	Medicare Allowable, (Using Medicare's 2010 Conversion Factor, \$36.07)
92135 (2010)	1.30		\$46.89
92132	1.07	\$27.31*	\$38.59
92133	1.31	\$33.43*	\$47.25
92134	1.31	\$33.43*	\$47.25

* As has been true for the past several years, providers depend upon Congress to act to avoid Medicare's reduction of conversion factor, forecast to be about 29 percent. Stay 'tuned' to the AOA Web site, AOA publications, and AOACodingToday for updates as they come available.

Codes for Optometry 2011 again offered as CD-ROM

Orders for the 2011 edition of *Codes for Optometry* – the AOA's comprehensive coding and billing manual for optometric practices – are now being accepted by the AOA Order Department.

For the second year, *Codes for Optometry* is being made available in a searchable CD-ROM format.

Together with the American Medical Association (AMA) Current Procedural Terminology

(CPT®) Standard Edition manual, the AOA's *Codes for Optometry* 2011 provides all

billing codes and accurately report services on insurance claims, according to the

Optometry 2011 packages (Item ODE 13-ALL) with both the paper and new CD-

Paper editions of *Codes for Optometry* 2011 and the *CPT Standard Edition* can be ordered as a set for \$135.

Copies of the *Codes for Optometry* 2011 book (Item ODE 13-1), the *CPT Standard Edition* book (Item CPT), or the *Codes for Optometry* 2011 CD (Item ODE13-CD) can also be ordered individually for \$75 each.

Additional shipping charges and state or local taxes may apply.

Contact the AOA Order Department online at www.aoa.org/onlinestore or by telephone at 800-262-2210.

The AOA's Codes of Optometry 2011 provides all the information practitioners and billing staff needed to quickly select appropriate billing codes and accurately report services on insurance claims.

the information practitioners and billing staff needed to quickly select appropriate

AOA Clinical and Practice Advancement Group. Complete Coding for

ROM versions of *Codes for Optometry* 2011, as well as the *CPT Standard Edition* code book, are available through the AOA Order Department at the special AOA member price of \$160.

Paraoptometric Section seeks 2011 POY award nominees

The AOA Paraoptometric Section is seeking nominations for the Paraoptometric of the Year Award (POY).

The award is given annually to the optometric assistant or technician who has made outstanding and worthwhile contributions to the profession of optometry, paraoptometry, and the general public.

The nominee's accomplishments are reviewed in the following categories:

- ❖ Service to optometry and paraoptometric associations (office competency, service to paraoptometric state, regional and/or national associations, and contributions of personal time and effort)

- ❖ Participation in public service activities

- ❖ Personal endorsement by the nominating individual

State Paraoptometric of the Year award winners are also eligible for the national nomination.

State winners are not automatically entered in the national contest.

Any previously nominated POY nominees who did not win may be nominated again.

Nominees must be a member of the AOA Paraoptometric Section in order to be eligible.

Nominations must be received by the AOA on or prior to Feb. 1, 2011.

The award for the 2011 winner will be presented on Thursday, June 16, 2011, during *Optometry's Meeting®* in Salt Lake City, Utah.

The winner will be featured in a video and will receive a plaque, round-trip airfare to *Optometry's*

Meeting®, three nights' lodging at the headquarters hotel, and \$500 to help defray the travel expenses.

The award has been funded courtesy of CIBA Vision.

For a nomination form or more information, contact the AOA Paraoptometric Section at 800-365-2219, ext. 4222 or e-mail JVAbney@aoa.org.

International energy medicine society inducts OD as new president

The International Society for the Study of Subtle Energies and Energy Medicine (ISSSEEM) announced the induction of Jacob Liberman, O.D., Ph.D., as its new president this month.

Dr. Liberman is the author of "Light: Medicine of the Future, Take Off Your Glasses and See" and "Wisdom From an Empty Mind."

ISSSEEM was founded in 1989 and is an international scientific forum dealing with the integration of science and spirituality.

Its members include internationally recognized physicians, researchers, physicians, and others.

ISSSEEM's 2011 conference theme is Light, Vision, & Consciousness and will feature several optometric presenters.

The conference will be held June 24-28, 2011, at the Westin Resort in Westminster, Colo.

For more information, visit www.issseem-conference.org.

AOA in the news

The AOA was featured in the Dec. 7 USA Today snapshot regarding kids and contact lenses.

Parents were asked about the age their children first started wearing contact lenses.

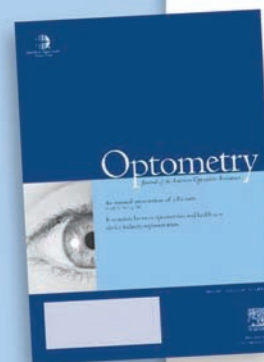
The snapshot uses data from this year's AOA American Eye-Q® survey.

The item appeared on the front page of the Life section.

For more, visit www.usatoday.com.

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FROM THE AOA

Dr. Steven A. Loomis: The 'A' is for Advocate

A self-described political junkie, AOA Trustee Steven Loomis, O.D., lives each day fighting for both his patients and the profession he loves dearly. Armed with a staff of one, he started his practice, Mountain Vista EyeCare and Dry Eye Center, in Littleton, Colo., in 1981. Today, Mountain Vista has grown to three additional doctors and a staff of 15. An AOA member for more than 30 years, Dr. Loomis serves as a liaison to the AOA Advocacy Group and the AOA-Political Action Committee.

Q. What is it about the profession that makes you so passionate about it? In other words, what motivates you?

A: I had a professor in optometry school who was well-known by my colleagues. His name was Dr. Bill Ludlum. He frequently told us in his lectures that we were “on the side of the angels.” By that, he meant that although we, as a profession, sometimes run into obstacles in providing care, the care that we provide is important—even essential—to patients. I found his zeal contagious. I’ve always remembered that and I guess that made an impression on me. I continue to see the profession as one that is patient-centered. And it’s always worth fighting for and worth protecting. So I think that is what gets me out of bed every morning.

Q. On the flip side, what is it about the profession that gives you cause for concern?

A: Well, I think that when we optometrists focus on patient care, we nearly always agree. When we focus on the future of patient care, and the future of the profession, we usually agree. When we focus on the past, that is, where we’ve come from and the battles

that we’ve fought, we become galvanized. But when we are short-sighted and we just focus on ourselves and the present, we seem to find a lot to argue about. Debate and disagreement, I think, is healthy, but it’s always got to be contextualized within the framework of our past and our future so that we remain, ultimately, unified. So I think that we should be willing to fight anybody to advance and protect our future, but we shouldn’t have to fight each other. That’s what I’m always concerned about – when I see us fighting each other.

Q. Can you share more information about the specifics of your practice? Your Web site says that you provide eye exams and diagnostic procedures to treat eye disease, prescription eyewear,

everybody, but it’s really about listening. I started this practice in 1981 with a pregnant wife, days from delivering our first child. I had one staff person, and we would see two to three patients a day, two-and-a-half days a week. We always booked those patients together so that the patients would see one another and think we were busier than we really were. Five years later, Dr. Mark Kruchen joined the practice part time. Then in 1995, Dr. Kent Yount came in and became my partner. In January, we are going to add Dr. Tara Peterson as a partner. We have a phenomenal staff that is so patient-oriented. We don’t have to worry about patients thinking that we are busy or not anymore! But you know, I think every day, you

have to make sure that you keep “the main thing the main thing” and that is, it’s all about the patient. We certainly have to operate an efficient prac-

tice with good business practices, but it’s always about patient care.

Q. Dr. Joe Ellis has started to refer to health care reform as the “game changer.” Since you have been a member of the AOA, what has changed within the AOA organization and what has remained the same?

A: Without a doubt, health care reform has put the spotlight on Washington, D.C., regarding the future of our profession. And fortunately, leaders, even before I joined the board in 2007, had the vision to see this coming and they began focusing our efforts and our personnel in the Washington office. Today, with the quality of people that we have in the Washington office, specifically under the leadership of Jon Hymes, we have become more effective

contact lenses and laser vision correction consultation. You also provide dry eye medical evaluations to prescribe and recommend treatments for different forms of dry eye. What is the difference between a “normal” examination and one for someone who has dry eye?

A: I think it’s just being aware of patient complaints. Rarely does a patient come in and say, “I have dry eyes.” Patients just tend to feel like that’s just how life is, that’s how they have been feeling all their life. So it requires really nothing more than being tuned in to the patient, asking the right questions, and being aware of the medications they are taking, some of the environmental issues to which they may be exposed, and that sort of thing. That examination is different for



AOA Trustee Steven Loomis, O.D., at his practice, Mountain Vista EyeCare and Dry Eye Center, in Littleton, Colo. Dr. Loomis serves as a liaison to the AOA Advocacy Group and the AOA-Political Action Committee.

than I ever dreamed we would be in Washington. That, I think, is remarkable, that we absolutely are able to influence legislation in this country. That’s new in my career with the AOA. At the same time, I think that the staff in St. Louis has always been and remains very customer-focused. They are always focused on our members and their needs, whether someone needs a brochure or some business cards printed or malpractice insurance or information on state laws. The AOA does well and has always done well in watching out for our members.

Q. Could you share why it is important that younger ODs become members of the AOA and get involved?

A: This profession is more the profession of the young OD than it is mine. I have the majority of my career behind me. They have the majority of their career in front of them. And young optometrists have the opportunity to build on the accomplishments of my generation, just as my generation built upon the accomplishments of those who came before me. So the future is truly theirs to control. And involvement in their state associations, and also in the AOA, is really how that becomes accomplished. In fact, it’s the only way it

becomes accomplished. There really is only one organization – it’s the affiliate, partnering with the AOA – that has the experience, the credibility and the access to really advocate for our profession.

Q. What do you hope for the future of optometry?

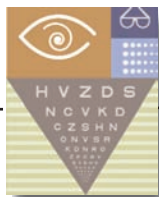
A: We have a demographic shift in the population that will require more and more services from optometry, and that’s good for the profession. It’s also good for the public because optometric care is so highly valued from a quality of life perspective. And so it’s my hope that we continue to provide that care as the independent profession we’ve carved out over a hundred years ago.

Q. Finally, if there is anything that you would like to add that was not asked here, please share your thoughts.

A: Just one, and that is – I’m not just an OD. I’m a husband of 32 years, a father of three and a father-in-law of three. I’m soon to be a grandfather of twin granddaughters. I like to ski. I’m an amateur theologian. I’m a political junkie, and I guess I’m convinced that there will be life after optometry.

Q. So what does life after optometry look like?

A: Enjoying all those things that I just listed!



SPOTLIGHT ON AOA MEMBERS

Mass. OD wins VOSH humanitarian award

Volunteer Optometric Services to Humanity (VOSH)/International named Joseph D'Amico, O.D., its 2010 Humanitarian of The Year.

Best known for two decades of work bringing eye and vision care to

sometimes unlikely volunteers, Dr. Pearl said.

An active VOSH volunteer for more than 20 of his 47 years as a licensed optometrist, Dr. D'Amico is a veteran of at least 35 VOSH missions.

The organization annually presents its

Ocean in southwest Nicaragua that, although popular among surfers and tourists, is populated largely by economically disadvantaged families engaged in fishing.

Dr. D'Amico learned that a local physician, Rosa Bella, M.D., who maintained a clinic in the town, wished to begin providing eye and vision care.

Dr. D'Amico was interested in part because Newton, a Massachusetts town near his home, is an officially designated sister city to San Juan del Sur. Students from nearby Williams College were recruited to help.

Constructing a lean-to on the side of Dr. Bella's clinic to house an optometric examination lane, Dr. D'Amico quickly established what would become a permanent eye and vision care facility available to any VOSH optometrists willing to come and serve the local residents.

As VOSH ONE membership grew, spawning a separate VOSH Connecticut chapter, optometrists from the new affiliate increasingly took on duties at the San Juan del Sur eye clinic.

To date, VOSH members frequently travel to Nicaragua, assisted once each year by students from Williams College who receive credit for the humanitarian mission as part of an experiential education course.

Dr. D'Amico meanwhile began branching out to bring eye and vision care to other underserved areas of Nicaragua.

"He has really specialized in providing care in remote locations," observed Harry I. Zeltzer, O.D., VOSH International executive director and co-founder of VOSH ONE.

Among his more unique

Among his more unique accomplishments: the establishment of vision services on the islands of Ometepe and Solemente, located in the middle of massive (3,191 square miles) Lake Nicaragua.

remote areas of Nicaragua and other Central American nations, Dr. D'Amico has also been instrumental in developing VOSH's organizational infrastructure in New England and recruiting others to humanitarian optometry, according to VOSH International President Greg Pearl, O.D.

Dr. D'Amico has been directly responsible for introducing badly needed eye and vision care to remote areas of Nicaragua, Belize, El Salvador, Guatemala, and Mexico as well as the eastern European nation of Armenia – often by forging innovative alliances and successfully recruiting a range of

Humanitarian Award to honor a member for distinguished leadership, innovation, and public health practice or the transitioning of VOSH missions to permanent sustainable eye care clinics.

Dr. D'Amico received the award during the 2010 VOSH International Annual Conference in Las Vegas on Oct. 10.

As a co-founding member of VOSH's New England chapter – known as VOSH-ONE – in the late 1980s, Dr. D'Amico quickly organized a humanitarian eye care mission to San Juan del Sur (population approximately 18,500), a coastal town on the Pacific



Dr. D'Amico examines a patient during a VOSH mission in Central America.

accomplishments, according to Dr. Zeltzer: the establishment of vision services on the islands of Ometepe and Solemente, located in the middle of massive (3,191 square miles) Lake Nicaragua.

He then set his sights on providing care in underserved regions of Latin American through VOSH missions to El Salvador, Guatemala and Mexico.

In Belize, he not only led the nation's first VOSH mission but helped to establish the profession of optometry, which is now taught at Belize's medical school.

Many of the areas in which Dr. D'Amico and his fellow VOSH volunteers provide care can accurately be described as dangerous, Dr. Zeltzer acknowledges. Nicaragua was recently the setting for the "Survivor" television series.

In many places, "we have to watch what we are doing. We don't go out at night. We don't go out

alone."

Particularly in unstable political environments, VOSH volunteers must be careful not to run afoul of local authorities who sometimes suspect they may be trying to pass contraband across the border.

Nevertheless, there have generally been ample volunteers willing to join D'Amico's pioneering VOSH missions and the annual follow-up missions, Dr. Zeltzer notes.

That is because, almost from the start, Dr. D'Amico has encouraged optometrists to become VOSH mission leaders, with many forming sub-state chapters dedicated to providing care at specific locations in the developing world.

VOSH ONE was organized with directors for each New England state specifically to encourage each state to organize a humanitarian mission each year.

See VOSH, page 26



Joseph D'Amico, O.D., with one of his Latin American patients.

Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association. Got a story to share? Drop a line to TLOverton@aoa.org.

Gregg family donates optometric book collection to SCCO

The family of former Professor Emeritus James R. Gregg, O.D., donated his collection of optometric books and journals to the Southern California College of Optometry's (SCCO's), M.B. Ketchum Memorial Library.

The donation includes copies of the 15 books he authored that focused primarily on the profession of optometry. Dr. Gregg died at the age of 94 in September 2009.

"The college is most grateful to the Gregg Family

for its thoughtful donation," said SCCO President Kevin L. Alexander, O.D., Ph.D.

"We're honored to be entrusted as the caretakers of Dr. Gregg's treasured collection."

"Dr. Gregg was a powerful figure in the history of SCCO as well as the profession of optometry," noted Dr. Alexander. "A prolific writer, Dr. Gregg's columns, articles, monographs, textbooks and presentations covered a wide range of optometric subjects, and appeared in virtually every professional publication. His

book 'Origin and Development of the Southern California College of Optometry, 1904-1984,' continues to serve as the primary reference for the history of our great institution."

Dr. Gregg authored three popular history books for the profession: "The Story of Optometry, American Optometric Association: A History" and "History of the American Academy of Optometry, 1922-1986." His writings appeared in 200 different magazines or journals totaling more than 500 articles. In addition to the 15 books he authored, he also wrote more than 900 newspa-

per columns that appeared in more than 150 newspapers, and about 100 brochures on vision.

He also was successful as an outdoor writer. He published hundreds of articles on fishing, conservation, camping, and travel including cover stories for *Field and Stream* magazine. He combined his technical writing on optometry and his love of outdoors and became a leading writer on vision for the sportsman and wrote the book "The Sportsman's Eye."

Dr. Gregg served on SCCO's faculty from 1947-84 and was named Professor Emeritus in 1984. He was

interim dean of Academic Affairs from 1975-76 and grants administrator from 1976-84.

He received numerous awards and accolades over his long career. The California Optometric Association named him Optometrist of the Year in 1956, and he served that organization as president in 1958. In 1982, the AOA presented him with its Distinguished Service Award, and in 1989 SCCO's Alumni Association named him Distinguished Alumnus.

He was inducted, posthumously, into the National Optometry Hall of Fame in June 2010.

President,

from page 4



Cmdr. Ken Whitwell, O.D., recognizing one of his sailors for her outstanding customer service.

ment and sacrifice that our servicemen and women give, not only for optometry, but for our country and the entire world. We have many AOA members in the Armed Forces Optometric Society (AFOS) and the armed services whom we work to support each and every day with our advocacy efforts.

On behalf of the entire board, I'd like to take this time to honor our fellow optometrists who serve in our

armed forces – many of whom may be away from their loved ones this holiday season. Let's keep them in our prayers as we continue to fight and advocate for them and all of our members in the coming year.

Joe E. Ellis, O.D.

Joe E. Ellis, O.D.
AOA president

VOSH,

from page 25

It is also because Dr. D'Amico's personal dedication to optometry and care for the underprivileged is infectious, Dr. Zeltzer says.

His wife, Zabelle, has joined him on virtually all of his VOSH missions and for a decade served as editor of the VOSH newsletter. A daughter, Jennifer D'Amico, O.D., and son-in-law Timothy O'Connor, O.D., have joined him in his VOSH missions as well as in his multi-location Worcester-area practice.

(Dedication to the underserved through VOSH has not kept D'Amico and his family from developing a highly successful private optometric practice, Dr. Zeltzer notes.)

Another daughter has served as a translator during his VOSH missions; although Dr. D'Amico, after

enrolling in a Nicaraguan language school and taking college extension courses near his office, now speaks fluent Spanish and seldom needs an interpreter.

Dr. D'Amico has also been able to consistently secure a steady supply of eyewear and ophthalmic supplies for VOSH missions, Dr. Zeltzer notes, in part by working with his alma mater, the New England College of Optometry, to establish an eyewear recycling program at Massachusetts' Norfolk Prison.

For year's Dr. D'Amico has served at VOSH ONE's "warehouse keeper," storing hundreds of frames and other supplies at his family residence, Dr. Zeltzer notes.

And that is not the way in which Dr. D'Amico has literally "taken his work

home with him," Dr. Zeltzer said.

"The extent of his concern for others was perhaps most evident when, following a VOSH mission, when he brought a disabled Nicaraguan patient home with him so he could undergo foot surgery in the U.S. and spend a month at Dr. D'Amico's residence recuperating," Dr. Zeltzer recalled.

"For Dr. D'Amico, serving humanity is a way of life," Dr. Zeltzer said.

Dr. D'Amico is a life member of the AOA.

For additional information on Dr. D'Amico's work in Latin America, visit the VOSH-ONE Web site (www.vosh-one.org). For information on other VOSH initiatives, visit the VOSH International Web site (www.vosh.org).



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To speak with a program representative regarding malpractice coverage or business owners insurance for your practice call (888) 343-1998. Coverage endorsed by AOA now and previously are both written on an occurrence basis, therefore, members should have no concerns about inadvertent coverage gaps caused solely by switching carriers.

Learn more about the AOA Insurance Alliance at www.aoainsurancealliance.com.

Program underwriter varies by state and is either PACO Assurance Company, Inc. (A- Excellent rating by A.M. Best), ProAssurance Indemnity Company, Inc., or PICA (A Excellent rating by A.M. Best). The AOA Insurance Alliance is administered by Lockton Risk Services.





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Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council™ to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: VisionWeb

VisionWeb is the leading provider of software and technology services to streamline and simplify the eye care industry. Utilizing the power of the Internet, VisionWeb has created easy-to-use, electronic solutions for insurance transaction processing and ophthalmic product ordering. These solutions help eye care practices drive out inefficiency, increase customer satisfaction, and improve their bottom line.

VisionWeb's insurance services provide eye care providers with a comprehensive solution for managing the insurance side of their business. Using these services, eye care practices can submit and track insurance claims, verify patient eligibility, and retrieve electronic remittance information – all online, and in a fraction of the time it takes to perform these functions manually. This service is also compatible with several practice management systems, allowing users to upload claim files created in their system and send them directly to their payers, without having to enter duplicate information. Electronic claim filing through VisionWeb is convenient, improves claim acceptance rates, and helps to shorten reimbursement time; ultimately giving eye care providers better control of this vital part of their business.

VisionWeb's online ordering service makes it easier than ever before for eye care providers to manage ophthalmic product ordering. As an open and neutral company, VisionWeb has connections with hundreds of suppliers of spectacle lenses, contact lenses, and frames. This broad connectivity allows practices that use VisionWeb to experience the benefits of online ordering, while maintaining relationships with the suppliers they know and trust. VisionWeb's ordering service is also equipped with useful features like trace file uploading, which helps ensure accurate order processing, and online order tracking, which gives the practice access to real-time information without having to call their lab. For added convenience, VisionWeb's online ordering service is integrated with industry-leading practice management systems, allowing users to order electronically to their suppliers without having to access the VisionWeb site or re-key order information.

Recognizing the benefits of VisionWeb's services, the AOA partnered with VisionWeb to help bring these benefits to the practice through VisionWeb's AOA Royalty Program. This program allows eye care providers to contribute non-dues revenue to their state affiliate, just for ordering on VisionWeb. VisionWeb pays a royalty to participating AOA affiliates each time its members place an order through VisionWeb. In 2010, VisionWeb paid \$51,011 in royalty payments to participating state affiliates.

Each state affiliate must agree to participate in the program in order to receive these royalties. AOA state affiliates that would like to learn more or enroll their state in the program are encouraged to contact VisionWeb at marketing@visionweb.com for more information.

VisionWeb is proud to support the AOA and is dedicated to providing services that help independent eye care providers succeed. Visit www.visionweb.com to learn more.

visionwebsm
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CooperVision reminds patients to complete 2010 FSA spending, announces CL challenge

The holiday season has arrived, and CooperVision is reminding eye care professionals how they can help their patients save some money during this time of year.

One simple way that practitioners can help patients save this holiday season is by encouraging them to use the remainder of their health care flexible spending accounts (FSAs) to offset the cost of fittings and contact lens purchases.

As the holidays also mark the end of the year, doctors can remind patients that they must use the entire amount in their FSAs by the end of each plan year or grace period and that unused funds will be forfeited.

As of Jan. 1, 2011, changes to FSA rules will require a prescription for over-the-counter medications in order to receive reimbursement.

Practitioners can assure patients that despite these changes, contact lens solutions will still be eligible for reimbursement without a prescription.

Additionally, CooperVision has extended its \$25 new fit and refit rebates for Proclear® 1 Day, ClearSight™ 1 Day and Avaira® contact lenses through Dec. 31, 2010.

Patients can combine this rebate with any product purchase rebate to save up to \$85 on Proclear 1 Day or ClearSight 1 Day and up to \$70 with Avaira.

CooperVision's Proclear multifocal lenses will help millions of presbyopic

Americans enjoy all the sights and wonders of the holidays—near, far and everywhere in between. Whether it's watching kids play outside or reading a greeting card, CooperVision's multifocal contact lenses offer great vision at every distance and all day comfort, according to the company.

To help both patients and doctors, CooperVision recently announced the extension of the Proclear EP

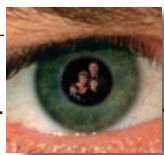
Between now and Dec. 31, 2010, CooperVision is challenging doctors to fit six patients with an ADD requirement of less than +1.25 in Proclear EP. CooperVision guarantees that at least five patients will be successfully fit. If not, the doctor will receive three free Proclear EP fits.

challenge.

Between now and Dec. 31, 2010, CooperVision is challenging doctors to fit six patients with an ADD requirement of less than +1.25 in Proclear EP.

CooperVision guarantees that at least five patients will be successfully fit. If not, the doctor will receive three free Proclear EP fits.

For more information on the Proclear EP challenge or to access detailed fitting guides, fitting tips from the experts and patient testimonials, visit www.cooper-vision.com/clearchoice.



Transitions offers optometric Mandarin bilingual pocket card

Aiming to improve communication between English-speaking eye care professionals and Mandarin-speaking patients during the eyewear selection process, Transitions Optical, Inc. is now offering its popular Bilingual Pocket Card in Simplified Mandarin.

Small enough to fold in half and tuck into a pocket, the 5.5-by-7.5-inch card provides simple explanations of common eyewear choices and lens

descriptions in both English and Simplified Mandarin.

The descriptions are positioned side-by-side so that eye care professionals and patients can simply point out their preferences.

The front of the card includes a checklist of eye-

wear choices in three categories (Lenses and Options, Frames and Additional Pairs), while the back offers detailed descriptions of key lens features.

"While research shows that many Asian Americans speak English very well, more than three out of four

potential language barriers during the eyewear selection process – encouraging their patients to become more engaged in making informed decisions about the lens options that best fit their eyewear needs," said Solis.

The new Mandarin Bilingual Pocket Card builds

on the success of the existing English/Spanish Bilingual Pocket Card, which has been distributed to more than 27,000 eye care professionals to date.

Both versions of the card can be downloaded free-of-charge from the Multicultural Tools section of www.Transitions.com/Pro, or can be ordered by contacting Transitions Optical Customer Service at 800-848-1506.

The descriptions are positioned side-by-side so that eye care professionals and patients can simply point out their preferences.

speak a language other than English at home and may prefer in-language materials," said Manuel Solis, multicultural marketing manager, Transitions Optical.

"Using the Bilingual Pocket Card can help eye care professionals eliminate

Company offers new AREDS-based nutritional formulations for AMD

ScienceBased Health®, a provider of premium nutraceuticals for eye health, announced the launch of two new nutritional formulations to support those diagnosed with age-related macular degeneration (AMD).

MacularProtect Complete® Drink Mix is a tasty, mango lemonade-flavored drink mix providing the blend of ingredients from the company's best-selling MacularProtect Complete capsule formulation. Two scoops mixed with water daily delivers nutrients at levels found to reduce the risk of AMD and its associated vision loss in the landmark Age-Related Eye Disease Study (AREDS) plus a comprehensive multinutrient to protect the health of the whole body. This all-in-one

formulation is highly convenient, as no additional multivitamin is needed. Further, it reduces the risk of receiving too much of certain nutrients (such as zinc), that can occur when patients combine a separate multivitamin with an AREDS-based formulation.

MacularProtect® Omega-3 Companion is based on the ongoing AREDS 2 clinical trial – a follow-up to the original AREDS trial, which is studying whether lutein (10 mg), zeaxanthin (2 mg) and/or 1,000 mg of the omega-3 fats, EPA and DHA, will slow disease progression for those with at least moderate AMD. Two softgels daily of MacularProtect Omega-3 Companion includes 1,000 mg of highly pure fish oil – the first and only fish oil to achieve U.S. Pharmacopeia

(USP) verification. The formulation reflects the levels of EPA (650 mg) and DHA (350 mg) being studied in AREDS 2 and includes zeaxanthin.

It is intended to be combined with MacularProtect Complete, based on the original AREDS trial and inclusive of 10 mg of lutein and a complete multinutrient, to provide the most comprehensive protection for macular health.

MacularProtect Complete Drink Mix (MSRP: \$39.90/ 30-day supply) and MacularProtect Omega-3 Companion (MSRP: \$15.95/ 30-day supply) are now available to be sold through eye care practitioners or directly from ScienceBased Health by calling 888-433-4726 or by visiting www.sciencebasedhealth.com.

Seeing red



The Maison Valentino presents a new eyewear collection of sophisticated, one-of-a-kind models with an avant-garde and contemporary look. The iconic and modern rose motif personalises the injected frame sunglasses. Shown is VAL 5737/S. All sunwear is available through the Safilo Group. Visit www.safilo.com/en for more information.



These oversized sunglasses "Dior Striking" are the new winter essential with a sport-chic spirit that evolve into a glamorous street-style: the perfect mix. The collection is named "Les Integrales."



The partnership between Emporio Armani and (Product) RED continues with the launch of a new style of sunglasses both for men and women and a new watch, for which a part of the profits of sales will be directly given to the Global Fund to help eliminate AIDS in Africa.

The sunglasses for women have a vintage look with a square, generous shape, and a red stylised eagle in relief on the arms. The sunglasses for men with their classic teardrop shape have an '80s style, evident in the red insert on the double bridge and the red stylised eagle in relief featured at the temple end of the arms. Both items have the Emporio Armani RED logo on the inside of the arms.

Visit www.emporioarmani.com.



MEETINGS

January

THE ULTIMATE PRACTICE MANAGEMENT CONFERENCE VII: "NOW, MORE THAN EVER!"
January 7-9, 2011
The Hollywood Beach Marriott
Hollywood, FL
Don Teig, O.D.
203/312-3123
doc7ct@snet.net
www.ultimateeventslc.com

22ND ANNUAL BERKELEY PRACTICUM
University of California, Berkeley,
School of Optometry
January 8-10, 2011
DoubleTree Hotel, Berkeley Marina
Nyla Marnay
510/642-6547
FAX: 510/642-0279
OptoCE@berkeley.edu
http://optometry.berkeley.edu

ARIZONA OPTOMETRIC ASSOCIATION
2011 BRONSTEIN CONTACT LENS & CORNEA SEMINAR
January 14-16, 2011
Scottsdale, Arizona
Kate Diedrickson
602/279-0055
kate@azoa.org

EYE CARE ASSOCIATES ANNUAL EDUCATIONAL CONFERENCE
January 15-16, 2011
Williamsburg, VA
Linda Cavazos
Cell: 804/356-5165
FAX: 804/745-1773
eca_linda@hotmail.com

OPTOMETRIC EXTENSION PROGRAM FOUNDATION KRASKIN INVITATIONAL SKEFFINGTON SYMPOSIUM ON VISION
January 15-17, 2011
Hyatt Regency Bethesda, Bethesda, Maryland
www.skeffingtonsymposium.org

OPTOMETRIC EXTENSION PROGRAM FOUNDATION SOUTHWEST CONGRESS
January 21-23, 2011
Hotel Valencia, Riverwalk, San Antonio, Texas
Denise Smith, O.D.
dsmith@cvdustin.com

OPTOMETRIC EXTENSION PROGRAM FOUNDATION VT2 - LEARNING-RELATED VISION PROBLEMS (OEP CLINICAL

CURRICULUM)
January 25-30, 2011
Copenhagen, Denmark
Steen Saust, Optometrist, FCOVD
+45 7020 9998
Mobil phone: +45 40 19 96 60
steen-saust@ksi-int.dk

VIRGINIA OPTOMETRIC ASSOCIATION
ONE-DAY CE SEMINAR
January 30, 2011
Doubletree Hotel, Charlottesville, Virginia
Bruce Keeney
804/643-0309
office@thevoa.org

February

DELAWARE OPTOMETRIC ASSOCIATION
WINTER THAW CONTINUING EDUCATION AND ANNUAL MEETING
February 5, 2011
Embassy Suites, Newark, Delaware
traberod@aol.com

REDUCING THE RISK OF AGE-RELATED VISION LOSS
February 5, 2011
8 a.m. - 5 p.m.
Newark, Delaware

INDIANA OPTOMETRIC ASSOCIATION
WINTER SEMINAR
February 9, 2011
Ritz Charles, Carmel, IN
317/237-3560
blsims@ioa.org
www.ioa.org

WINTER SEMINAR
Michigan Optometric Association
February 9-10, 2011
Kellogg Hotel & Conference Center, East Lansing, MI
Amy Possavino
517/482-0616
FAX: 517/482-1611
amy@themoa.org
www.themoa.org

HEART OF AMERICA CONTACT LENS SOCIETY
50TH ANNUAL HEART OF AMERICA CONTACT LENS SOCIETY AND PRIMARY CARE CONGRESS
February 11-13, 2011
Hyatt Regency-Crown Center, Kansas City, MO
Dr. Steve Smith
918/341-8211
registration@hoacsls.org

www.hoacsls.org

SAN DIEGO COUNTY OPTOMETRIC SOCIETY
FIRST ANNUAL SAN DIEGO SPECIALTY CONTACT LENS SYMPOSIUM
February 11-13, 2011
Hilton San Diego Bay Front Hotel, San Diego, CA
www.specialtycontactlens.org

OPTOMETRIC EXTENSION PROGRAM FOUNDATION VT/LEARNING RELATED VISUAL PROBLEMS (OEP CLINICAL CURRICULUM)
Southern College of Optometry, Memphis, Tennessee
February 17-21, 2011
Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net

TEXAS OPTOMETRIC ASSOCIATION
111TH ANNUAL CONVENTION
February 17-20, 2011
Renaissance Hotel, Austin, TX
Brigitte Kelly
512/707-2020
FAX: 512/326-8504
toabrigitte@austin.rr.com
www.texas.aaa.org

OPTOMETRIC EXTENSION PROGRAM FOUNDATION VT/LEARNING RELATED VISUAL PROBLEMS (OEP CLINICAL CURRICULUM)
Southern College of Optometry, Memphis, Tennessee
February 17-21, 2011
Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net

CENTRAL JERSEY OPTOMETRIC SEMINAR
February 17, 2011
CentraState Medical Center, Freehold, New Jersey
William B. Potter, O.D.
609/588-0792
eyedoc2180@aol.com
www.optometryonwest44th.webs.com

SKI VISION 2011
February 19-23, 2011
Aspen/Snowmass, CO
Dr. Andrew Archila
262/764-9266
www.skivision.com

OPTOMETRIC EXTENSION PROGRAM FOUNDATION OEP CLINICAL CURRICULUM COURSES
February 23-27, 2011 (Part 1-February 23-25; Part 2-February 26-27)
Copenhagen, Denmark
Steen Saust, Optometrist, FCOVD
+45 7020 9998
Mobil phone: +45 40 19 96 60
Steen-saust@ksi-int.dk

NORTHWEST CONGRESS
February 26-27, 2011
Pacific University, Forest Grove, Oregon
Eric Hussey, O.D.
spacegoggle@comcast.net

REDUCING THE RISK OF AGE-RELATED VISION LOSS
February 26, 2011
10 a.m. - noon.
Welches, Oregon

25TH ANNUAL EYE SKI CONFERENCE
EYE SKI UTAH
February 27 - March 4, 2011
Park City, UT
Tim Kime, O.D.
tandbkime@buckeye-express.com
www.eyeskiutah.com

March

SECO INTERNATIONAL 2011
March 2-6, 2011
Georgia World Congress Center, Atlanta, GA
Bonnie Fripp
770/451-8206, ext. #13
FAX: 770/451-3156
bfripp@secostaff.com
www.seco2011.com

OPTOMETRIC EXTENSION PROGRAM FOUNDATION VT/STRABISMUS & AMBLYOPIA (OEP CLINICAL CURRICULUM)
March 3-6, 2011
Phoenix, AZ
Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net

MONTANA OPTOMETRIC ASSOCIATION
BIG SKY SKI CONFERENCE
March 3-5, 2011
406/443-1160
sweingartner@rmsmanagement.com

NEVADA OPTOMETRIC ASSOCIATION
27TH ANNUAL SEE & SKI TAHOE
March 5-7, 2011
Harvey's Resort and Casino, South Lake Tahoe, Nevada
702/220-7444
www.nevadavision.org

MARYLAND OPTOMETRIC ASSOCIATION & WILMER EYE INSTITUTE
4TH ANNUAL "EVIDENCE BASED CARE IN OPTOMETRY CONFERENCE"
March 6, 2011
Johns Hopkins Medical Campus, Tilghman Auditorium, Baltimore, Maryland
Kristen Shoemaker
410/727-7800
FAX: 410/752-8295
moa@assnhqtrs.com
www.marylandeyes.org

SACRAMENTO VALLEY OPTOMETRIC SOCIETY
24TH ANNUAL SVOS OCULAR SYMPOSIUM
March 6, 2011
Marriott Sacramento Rancho Cordova Hotel, Rancho Cordova, California
916/447-0270
jerrysue@svos.info
www.svos.info



THERAPEUTIC OPTOMETRY
Nova Southeastern University
March 11-13, 2011
New Orleans, LA
http://optometry.nova.edu/ce/index.html

GREAT LAKES OPTOMETRIC CONGRESS
March 13-14, 2011
Chicago/Northbrook Hilton, Northbrook, Illinois
Jeff Getzell, O.D.
jeffgetzell@sbcglobal.net

THE OHIO STATE UNIVERSITY, COLLEGE OF OPTOMETRY
BINOCULAR VISION & PEDIATRICS FORUM
March 18, 2011
The Ohio State University, College of Optometry, Columbus, Ohio
614/688-3336
Kulp.6@osu.edu
www.optometry.osu.edu

OPTOMETRIC EXTENSION PROGRAM FOUNDATION VT3 - STRABISMUS & AMBLYOPIA (OEP CLINICAL CURRICULUM)
March 24-27, 2011
Copenhagen, Denmark
Steen Saust, Optometrist, FCOVD
+45 7020 9998
Mobile phone: +45 40 19 96 60
steen-saust@ksi-int.dk

April

OKLAHOMA ASSOCIATION OF OPTOMETRIC PHYSICIANS
ANNUAL SPRING CONGRESS
April 1-2, 2011
Reed Conference Center, Midwest City, Oklahoma
Heatherlyn Burton
405/524-1075
heatherlyn@oaop.org
www.oaop.org

IOWA OPTOMETRIC ASSOCIATION
ANNUAL CONGRESS
April 1-3, 2011
Des Moines, Iowa
Chris Halsten
515/222-5679
FAX: 515/222-9073
chris@iowaoptometry.org
www.iowaoptometry.org

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org. Please allow several months' lead time.



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at 201-368-2444
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Internal Residency Programs

- Primary Care with emphasis in Ocular Disease
- Primary Care with emphasis in Pediatrics and Binocular Vision
- Primary Care with emphasis in Cornea and Contact Lenses
- Primary Care with emphasis in Geriatrics and Low Vision
- Pediatric and Binocular Vision

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- Urgent care of patients
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- Development of scholarly publications
- Delivery of educational lectures
- Journal review and educational conferences

Visit our website for more information:
<http://optometry.nova.edu/residency/internal/index.html>

or contact

Lori Vollmer, OD, FAAO
Director of Residency Programs
lvollmer@nova.edu

Dean, School of Optometry University of Alabama at Birmingham

The University of Alabama at Birmingham is currently accepting applications and nominations for the position of Dean for the School of Optometry. Through its educational programs, clinical care and research endeavors, the School of Optometry is a major contributor to eye and vision care knowledge and vision science. This position provides a unique opportunity to build on the rich history and current accomplishments of the school.

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Nomination and/or expressions of interest should be directed to
Martha Bermingham or Zack Reynolds
of Quick Leonard Kieffer
at 312-876-9800

or via e-mail at mbermingham@qlksearch.com or zreynolds@qlksearch.com

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jamesfanelli@CEinItaly.com Website: CEinItaly.com



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Southern College of Optometry is currently seeking Clinical Faculty with primary responsibilities for clinical instruction in The Eye Center. With a reputation for clinical and didactic excellence, the college is searching for outstanding optometrists with interest and expertise in all areas including Adult Primary Care, Ocular Disease, Cornea and Contact Lens, Pediatrics and Vision Therapy / Rehabilitation.

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Applicants must submit a letter of intent and curriculum vitae to: Lewis Reich, OD, PhD, Vice President for Academic Affairs, c/o Southern College of Optometry, 1245 Madison Ave., Memphis, TN 38104.

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State University of New York, State College of Optometry
AFFILIATED RESIDENCY PROGRAMS
ANNOUNCEMENT FOR 2011-2012

12 Month Residencies are available in:

Cornea and Contact Lenses

SUNY State College of Optometry, NYC
Program Supervisor: Dr. David Libassi
(212) 938-5872, dlibassi@sunyopt.edu

Family Practice/Ocular Disease Optometry

East New York Diagnostic and Treatment Center, Brooklyn, NY
Program Supervisor: Dr. Lloyd Haskes
(718) 240-0445, lhaskes@sunyopt.edu

Family Practice Optometry

United States Military Academy at West Point, NY (Army HPSP graduates only)
Program Supervisor: Dr. Jason Hales
(845) 938-2021/2206, Jason.hales@amedd.army.mil
Does not participate in ORMS

Low Vision Rehabilitation

SUNY State College of Optometry/The Lighthouse International, NYC
Program Supervisor: Dr. Alla Zlotina
(212) 938-4023, a.zlotina@sunyopt.edu

Ocular Disease Optometry

SUNY State College of Optometry, NYC
Program Supervisor: Dr. Sherry Bass
(212) 938-5865, sbass@sunyopt.edu

Ocular Disease/Primary Eye Care Optometry

Dept. of V.A., NY Harbor Health Care System
Program Supervisor: Dr. Evan Canellos
(718) 836-6600 ext. 6497
evan.canellos@med.va.gov

Pediatric Optometry

SUNY State College of Optometry, NYC
Program Supervisor: Dr. Marilyn Vricella
(212) 938-4143, mvrlicella@sunyopt.edu

Primary Eye Care Optometry

SUNY State College of Optometry, NYC
Program Supervisor: Dr. Susan Schuettnerberg
(212) 938-4161, sschuettnerberg@sunyopt.edu

Primary Eye Care Optometry

Dept. of Veterans Affairs, New Jersey Health Care System, Lyons, NJ
Program Supervisor: Dr. Malinda Cafiero
(973) 676-1000 ext. 3917
malinda.cafiero@med.va.gov

Ocular Disease/Primary Eye Care Optometry

V.A. Hudson Valley Health Care System, NY
Program Supervisor: Dr. Nancy Wong
(914) 737-4400 x 2014
nancy.wong@va.gov

Primary Eye Care/Vision Therapy and Rehabilitation (Low Vision)

V.A. Medical Center, Northport, NY
Program Supervisor: Dr. Michael McGovern
(631) 261-4400 x2137
michael.mcGovern@va.gov

Vision Rehabilitation (Acquired Brain Injury)/Primary Eye Care Optometry

SUNY State College of Optometry, NYC
Program Supervisor: Dr. Allen Cohen
(212) 938-4029, acohen@sunyopt.edu

Dr. Irwin B. Suchoff Residency Program in Vision Therapy and Rehabilitation

SUNY State College of Optometry, NYC
Program Supervisor: Dr. M. H. Esther Han
(212) 938-5879, mhan@sunyopt.edu

The Deadline for Applications for All Programs is February 1st.

SUNY Affiliated Programs use the Optometric Residency Matching Service (ORMS), except where noted.

The website for application instructions is www.orms.org

For Residency Program Descriptions please contact

Program Supervisors or Dr. Diane T. Adamczyk,

Director of Residency Education

SUNY State College of Optometry,

33 West 42nd Street, NY, NY 10036

Toll Free Phone: (877) 829-1024

E-mail: dadamczyk@sunyopt.edu

Visit our Website at

www.sunyopt.edu/academics/residency.shtml

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MASSACHUSETTS-North. Practice for Sale Well established, ideally situated, medium-size practice for sale. Excellent opportunity for expansion if desired. Appraisals and tax returns available for serious inquiries. exersing@yahoo.com, call 978-375-0129

Optometrist F/T Roanoke, Va. salary up to \$120,000.00 with benefits. Recent grads welcome to apply. Please call 732-502-0071.

Miscellaneous

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Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. The most desirable items that programs in developing countries need are: Trial lens kits, Battery powered hand scopes, Assorted Pliers and Optical Tools, Hand Stones for edging plastic lenses, uncut lenses (both SV and BF), Manual Lensometers, Phoropters, Lens Clocks, Color Vision Tests, Keratometers and Biomicroscopes. This list is certainly not complete but gives you an idea of some of the basic needs these developing programs can benefit from.

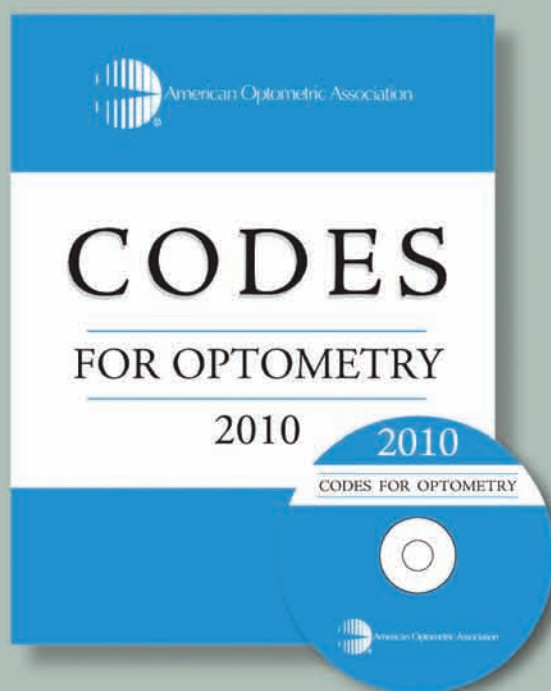
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Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = \$65 (40 words maximum) 2 column inches = \$115 (80 words maximum) 3 column inches = \$155 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is \$30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at t.peppers@elsevier.com attention Traci Peppers, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

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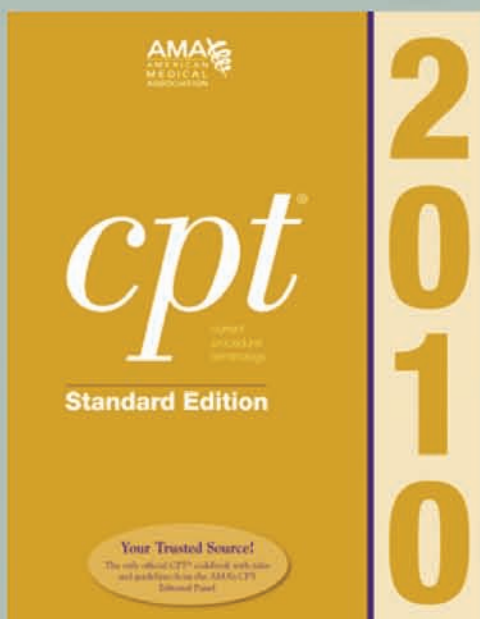


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